
Membership Enrolment Form

Membership Fee \$5.00 per annum

I, the undersigned, would like to apply for a Membership to the Daylesford Neighbourhood Centre (DNC). I agree to support the "Community Access and Participation Policy" of the Daylesford Neighbourhood Centre.

Full Name	
Date of Birth	___/___/___
Street Address	
Postal Address:	
Mobile:	
Email: Pls write clearly	

Application for membership and payment to be submitted to the Chair of DNC either by delivery in person to the DNC, by post to PO Box 325 Daylesford or by credit card (details below)

Signed Date:

Paid by: Cash: ☐ Cheque: ☐ Credit Card: MC/Visa only ☐

Credit Card No.: _____

Exp: ___/___ CVV Code: ___

DNC USE:

Payment received by: Date Received by:
