

Community Membership APPLICATION FORM



A PERSONAL INFORMATION

Full Name : _____

Nationality : _____ **Date Of Birth** :
D D M M Y Y

Address : _____

Suburb : _____ **Gender** Male Female

Postcode : _____ **City/Country** : _____

E-Mail : _____

Contact Number : _____

Occupation : _____

B SELECT YOUR MEMBERSHIP TYPE

Membership : Monthly - \$10 Annually - \$120

Account Details for automatic deduction: Account name:
BSB:
Account No:

Agreement

I, _____, hereby apply to become a member of the Druk Community Centre of Australia Inc. (DCCA) and give my consent for the automatic deduction of membership fees from my nominated bank account or approved payment method.

I agree to:

- Support the purposes and values of the Association;
- Abide by the Constitution and Rules of the Association; and
- Pay the membership fees as set by the Committee.

Signature

Date Signed

Committee Use Only

Decision Approved Rejected
Membership No. _____

Committee Authorisation:

Name: _____

Position: _____

Signature: _____ Date: ___ / ___ / ____