

**Membership Enrolment Form**

1 January 2020 to 31 December 2020

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	
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:.....