



Application for Annual Membership

Please join us, and help us provide a vital and LOCAL community service.

Name of Applicant: <i>(please print)</i>	
Address: _____	
Phone (work): _____	(home): _____
Mobile: _____	Fax: _____
Email: _____	Website: _____
<input type="checkbox"/> New member <input type="checkbox"/> Renewal	

Membership Fee:

<input type="checkbox"/> Individual	\$2.00
<input type="checkbox"/> Family	\$10.00
<input type="checkbox"/> Community Organisation	\$20.00
<input type="checkbox"/> Business	\$25.00

Applicant's signature: _____ Date: __ / __ / __

New members only

(To propose and second a nomination you must be a current member of DVCS. Please contact us if you need assistance).

Proposed by: *(please print)* _____

Signature: _____

Seconded by: *(please print)* _____

Signature: _____

Receipt required? Yes No