

## APPENDIX 1 APPLICATION FOR MEMBERSHIP OF DOVETON NEIGHBOURHOOD LEARNING CENTRE INC.

l,	of			
(Name)			(Address)	
		Postcode:		
Email:				
Telephone: (H)	(M)		(W)	
desire to become a memb	er of Doveton Neighbourh	nood Learning C	Centre Inc.	
Please complete the follow	ving details in order for us	to best meet ye	our needs upon membership of	
DNLC.				
Reason for becoming a m	ember of DNLC? (Please	circle the resp	onse that suits you)	
Student	Interest in the loc	Interest in the local community		
Meet new people	Recently moved t	Recently moved to the area		
Other (Please spe	cify)			
What type of membership are you applying for?		Single	Family	
Family members	1	2		
	3	4		



Membership to DNLC is from January to December. Membership renewals are posted out in November with fees due 31st January each year.

Single membership fee \$2

Family membership fee \$5 (Family covers all people listed on your Medicare card)

Membership entitlements.

- \$25 off venue hire
- Quarterly DNLC Newsletter
- Reduced administration charges
- Invitations to DNLC Special Events
- One vote at the AGM
- Opportunity to become a DNLC Board Member
- Discount on Government subsidized course fees

In the event of my admission as a member, I agree to	be bound by the rules of the Association	
for the time being in force.		
(Signature of Applicant)	(Date)	
l, , a meml	per of DNLC, nominate the applicant	
(Name)		
who is personally known to me, for membership of the	e Association.	
(Signature of Proposer)	(Date)	
I,, a member of	DNLC, second the nomination of the	
(Name)		
applicant who is personally known to me, for members	ship of the Association.	
(Signature of Seconder)	(Date)	