



Membership Form

Contact Details:

Mr/Ms/Mrs/Dr Name _____ Surname _____

Address _____

Suburb _____ P/Code _____

Phone _____ Mobile _____

Email _____

I wish to:

- Become a new member of DASSI for \$10 as I am a client of DASSI (Primary Member)
- Become a new member of DASSI and as I am a client of DASSI and I seek a waiver of membership fee (Primary Member)
- Renew my membership of DASSI for \$10 as I am a client of DASSI (Primary Member)
- Renew my membership of DASSI as I am a client of DASSI and I seek a waiver of membership fee (Primary Member)
- Become an Ordinary Member/Renew my membership as an ordinary member for \$10 as I am a member of the general public
- Become a New Member/Renew my Membership for \$10 as I am a DASSI employee (Associate Member)

I want to pay by:

- Cheque/Money Order
- Credit Card

Card Type _____ Card No _____

Name on card _____ Expiry date _____

Signature _____

Please post this completed form to:

Kay Smith
DASSI
582 Heidelberg Road
Fairfield, Victoria, 3078

or FAX to 9482 3820