



Dame Pattie Menzies Centre Inc.

## APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

I, ..... (Full name of Applicant)

of ..... (Address)  
desire to become an Association Member of the Dame Pattie Menzies Centre Incorporated.

In the event of my admission as an Association Member, I agree to be bound by the rules of the Association. Membership fee is \$5.00 pa.

Signed (Applicant) ..... Date: ...../...../.....

Contact details: Postal Address.....

Contact phone No.....

Email Address.....

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This application for Association membership will be decided by the Committee of Management by resolution at the normal monthly meetings whether to accept or not accept this application.

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**Dame Pattie Menzies Centre Inc**  
**Proudly Supporting People in the Murrindindi Shire**  
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