

**Melbourne Dickens Fellowship Inc.**  
**Application for Membership Form**

Family Name: .....

First Name .....

For Family Membership: name of other person/s on your membership

.....

Postal Address .....

.....

Email Address .....

Phone Numbers: Home: ..... Mobile: .....

Please choose a membership option:

Individual      \$30.00     

Family            \$50.00     

Newsletter Only   \$15.00     

Membership period is 1st September to 31st August the following year

Please pay by cash or cheque either at a meeting or post with form to:

The Treasurer  
Melbourne Dickens Fellowship  
18 Khartoum Street  
West Footscray, Victoria, 3012

**OR**

Pay by Direct Deposit into

Name: Dickens Fellowship

BSB: 063 010

Number: 1005 2014

When paying electronically please enter your surname in the reference field and either bring the form to a meeting, post it to The Treasurer, or scan and email it to [info@dickens.asn.au](mailto:info@dickens.asn.au)