**Membership Form**

Scan and email the form to[info@dickens.asn.au](mailto:info@dickens.asn.au) , bring it to a meeting or postit to the treasurer.

Are you willing to have this information recorded on the Member Contact List?

Yes  No 

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 |

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

Please either post your completed form together with your cheque to:

The Treasurer

Melbourne Dickens Fellowship

18 Khartoum Street

West Footscray

Victoria 3012

**OR**

Pay by Direct Deposit into

Name: Melbourne Dickens Fellowship

BSB: 063 010

Number: 1005 2014  
When paying electronically, please enter your surname in the reference field with MEM.