



## APPLICATION FOR DRC ASSOCIATE MEMBERSHIP OF EFCPP&OA

I..... wish to apply for a DRC Membership which will include an Associate Membership of the EFCPP&OA, and in so doing, agree to be bound by the Constitution of the EFCPP&OA.

I understand and agree with the benefits available to me as an Associate Member and agree to pay the amount of \$35 (the current fee for this membership which may change in future years) to the EFCPP&OA for my Membership.

My details are as follows:    Male/Female (Cross out not applicable)

Address:.....

Email address:.....

Main phone contact:.....Date of birth (not compulsory).....

Signed..... Date.....

### Methods of payment:

**Cheque/Money Order made payable to EFCPP&OA.**

**EFT: Bendigo Bank    BSB 633 000, Account no. 158 469 734, in the name of the EFCPP&OA and use your name as the reference.**

**CREDIT CARD: Type-    Master Card     Visa**

**Card No:.....Expiry date:.....**

**Name on card: .....    CCV :.....**

**Please return this form to the Treasurer, Ken Gilbertson, by email, to [kengilbertson@bigpond.com](mailto:kengilbertson@bigpond.com)**

**or by post, to P O BOX 455, ESSENDON NORTH, VIC    3041**