



## MEMBERSHIP APPLICATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

### CONTACT DETAILS

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### Membership Fees

**Paid**

**Date**

Individual \$5.00 per year

\_\_\_\_\_

Family or organisation \$10.00 per year

\_\_\_\_\_

Please make cheques payable to CDEA, P O Box 515, Mount Ommaney 4074