



MEMBERSHIP APPLICATION

Membership: \$110.00

We can also accept Visa or MasterCard, if using this please fill out the information below:

Card Number:

Expiry: / CVV Amount \$ _____

Name on Card: _____

Signature: _____

Name: _____

Address: _____

Date of Birth: _____

Phone: A/H: _____

Mobile: _____

Email: _____

PARENTS OR GUARDIANS PERMISSION (If under 18)

Name: _____

Address: _____

Contact Phone No: _____

Signature: _____

Send this form with your credit card details, cheque or money order to:

D.L.R.A. Membership
P.O. Box 349
Castlemaine Vic 3450