



Donnybrook Community Telecentre Membership Application Form



Name: _____ Membership No: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____ DOB: (If under 18) _____

Type of Membership: **Single** **Family** ***Concession** **Corporate** **NFP Org**

Date Commenced: _____ Date Membership Expires: _____

Amount Paid: _____ Receipt No: _____

I would like to apply for membership of the Donnybrook Community Telecentre. I agree to abide by the conditions in the acceptable use policy.

Signed: _____ Dated: _____

Parent/Guardian Signature if under eighteen: _____

Processed by: _____

*Health Care Card/ Centrelink Concession Card

Tick appropriate box

This is a New Application

This is an application for renewal of membership

PLEASE TICK MEMBERSHIP OPTION

Annual			Six Month			Three Month		
Single	\$55.00	<input type="checkbox"/>	Single	\$28.00	<input type="checkbox"/>			<input type="checkbox"/>
Family	\$95.00	<input type="checkbox"/>	Family	\$48.00	<input type="checkbox"/>			<input type="checkbox"/>
Conc Single	\$40.00	<input type="checkbox"/>	Conc Single	\$20.00	<input type="checkbox"/>	Conc Single	\$10.00	<input type="checkbox"/>
Conc Family	\$80.00	<input type="checkbox"/>	Conc Family	\$40.00	<input type="checkbox"/>	Conc Family	\$20.00	<input type="checkbox"/>
Corporate	\$110.00	<input type="checkbox"/>	Corporate	\$55.00	<input type="checkbox"/>			<input type="checkbox"/>
Non Profit Community Organisation	\$60.00	<input type="checkbox"/>	Non Profit Community Organisation	\$30.00	<input type="checkbox"/>	Non Profit Community Organisation	\$15.00	<input type="checkbox"/>