

MEMBERSHIP APPLICATION FORM

Friends Of Dandenong Cemeteries . (FODC)



Surname:

Title: (e.g. Mr, Mrs, Ms, Dr, etc.)

Given names:

Address:

Postcode:

Telephone: Home:

Mobile:

Email:

Member of any affiliated society Yes No

Age: Under 20 20 – 29 30 – 39 40 – 49 71 – 80

50 – 59 60 – 70 80 and over This information is for statistical purposes only

Gender: Male Female

Emergency Contact: Name:

Address:

Telephone: Home:

Business:

Mobile:

Relationship to you:

Student undertaking work experience or Student volunteer:

School/tertiary institution attending:

Qualifications and relevant working experience:

interested in working in:

Fees: Annual Fee (Full) \$20

receipt no:.....

(Reduced) \$10 Concession card no

Special skills (e.g. languages other than English; specialist museum/library skills, bookkeeping):