

DWCA MEMBERSHIP FORM

SURNAME _____

MEMBERSHIP NUMBER (if renewing) _____

FIRST NAME _____

Age <12 12-17 18-20 21-30 31-40 41-50 51+

For Family Membership (up to three extra family members all of whom must reside at the same address)

FIRST NAME _____

Age <12 12-17 18-20 21-30 31-40 41-50 51+

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Age <12 12-17 18-20 21-30 31-40 41-50 51+

FIRST NAME _____

Age <12 12-17 18-20 21-30 31-40 41-50 51+

ADDRESS _____

SUBURB/CITY _____

STATE _____

POSTCODE _____

PHONE Home () _____ Mob _____


EMAIL ADDRESS _____

I WOULD LIKE TO BE INVOLVED HELPING THE CLUB BY

(Please place a tick in the 'Learn' or the 'Can Do' column to indicate your current skill and interest)

	Learn	Can Do		Learn	Can Do		Learn	Can Do
Write Articles for DE			DWCA Committee			Help at Day Events		
Write Reviews for DE			DWCA Publicity			AV Operation		
Draw Artwork for DE			DWCA Website			Lighting Operation		
Help Edit DE			DWCA Shop			Trivia Night		
Help Post DE			Whovention			Theatre Sports		

Details of above skills/other skills or ways you would like to help _____

	MEMBERSHIP FEES 6 issues – approx 1 year (Circle membership type applicable)	Single Membership - \$16 Student / Pensioner - \$15	Family - \$20 Overseas - \$25 (Aust)
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PAYMENT OPTIONS

- Mail this form, along with a cheque or money order payable to 'DWCA' to:
 DWCA Memberships
 GPO Box 2870
 SYDNEY NSW 2001
- Pay electronically (using your bank account or credit card) via direct credit or PayPal.
 Simply email this completed form to: payments@doctorwhoaustralia.org
 and specify your preferred payment method. We will contact you with full details.

You should receive either your membership pack or your first issue of Data Extract within 3-4 weeks of our receiving your application & payment.