



**Denmark Community
Foundation** (WA) inc.

Prosperity Through Kindness

Application for Membership

Member Details

Name: _____

Address: _____

Email: _____

Phone: _____

Mobile: _____

☐ I wish to become a Member of the Denmark Community Foundation

Or

☐ I wish to renew my Membership

Signature: _____

Date: _____

Membership Fees (tick one)

- ☐ Concession (Senior/Healthcare/Student): \$25
☐ Individual: \$30
☐ Business: \$50

Payment (tick one)

- ☐ Cheque/Money Order
☐ Direct Deposit:
Denmark Community Foundation WA Inc.
BSB: 036-609 Acct: 016672
Please use your surname as the reference

Please post or email your completed application form to PO BOX 1020 Denmark WA 6333 or admin@dcfwa.org.au