



www.dfads.org.au

Membership

A membership fee of \$10.00 per annum is applicable. All membership applications are subject to approval by the DFADS Committee.

Request for Membership

Name: _____

Postal Address: _____

Phone: _____ (H) _____ (M)

Email: _____

Are you a: Parent Health or Educational Professional
 Other—please state _____

I would like to join DFADS and have enclosed my \$10 membership fee.
(Please make cheques payable to DFADS Inc)

Post to: DFADS Inc.
PO Box 3081
Bassendean DC 6942