



Membership Application Form

1. Full Member (Voting Rights)
 - Non-business Membership Fee: **\$25.00 per annum.**
 - 1-4 Employees Membership Fee: **\$200.00 per annum.**
 - 5+ Employees Membership Fee: **\$400.00 per annum.**

Member Name: _____

Name of Contact: _____

Postal Address: _____

_____ Post Code: _____

Business Type (If applicable):

Mobile Number: _____

Email Address: _____

I wish to become a member of this association, I support the purposes of the association and agree to comply with the Consumer Affairs Model Rules of an Association.

Signature: _____ Date: _____

Please attach payment for \$_____ made out to LEADA.

Or, upon approval of your Membership, LEADA will issue you an invoice to pay via Bank Deposit or Credit Card.

**Lakes Entrance Action & Development Association Inc.
P.O. Box 486,
Lakes Entrance, 3909**

**Secretary: admin@leada.com.au
www.leada.com.au**