



LEADA Membership Application Form

Applicant Name: _____

Business/Organisation Name (if applicable): _____

Postal Address: _____

_____ **Post Code:** _____

Contact No: _____

Email Address: _____

I wish to become a Member of the Lakes Entrance Action & Development Association. I support the purposes of the association and agree to comply with the rules of the association.

Signature: _____ **Date:** _____

__ Membership Fee: \$10.00

Account Name: LEADA

BSB: 063 832

A/C: 1017 3664 - **Please use your Name as reference.**

Or Attach cheque payable to LEADA and mail to PO Box 486, Lakes Entrance, 3909

Or Apply and pay online with a credit card – www.leadacom.au

For more information about LEADA visit our website www.leadacom.au