

APPLICATION FOR MEMBERSHIP OF THE DONA

1. Full Name: _____

Address & Postcode: _____

Telephone No: _____

E-mail: _____

Date of Birth: _____

Membership: Please tick appropriate box

2. I, being under the age of 18 years, hereby apply to become a Youth Member of the DONA. I understand that I may attend General Meetings, be coopted onto Sub-Committees and vote on any or all matters discussed thereat. However, I understand that I will not be eligible to stand for election onto the Executive Committee until I am 18 years of age. []
3. I, being over the age of 18 years, hereby apply to become an Associate Member of the DONA. I understand that I/my group* may attend General Meetings, be coopted onto Sub-Committees and vote on any or all matters discussed thereat. I further understand that I/a representative of my group* am/is* eligible to stand for election onto the Executive Committee. I further confirm that I/my group* will play an active part in furthering the association's Objectives. (* delete as appropriate) []
4. I, being over the age of 18 years, hereby apply to become an Ordinary Member of the DONA. I understand that I may attend General Meetings, be coopted onto Sub-Committees and vote on any or all matters discussed thereat. I further understand that I am eligible to stand for election onto the Executive Committee. I further confirm that I subscribe to all of the Aims of the association and will play an active part in furthering its Objects. []
5. Please indicate your reasons for applying for membership of the DONA by ticking the appropriate box(es)

| | Interests | Tick |
|---|--|------|
| a | To further the association's Objects | |
| b | To meet people with similar interests | |
| c | To assist with organising/participating in Fundraising activities | |
| d | To assist with organising/participating in Educational initiatives | |
| e | To assist with organising/participating in Cultural activities/joining the Quadrille Dancers | |
| f | To assist with organising/participating in Health & Medical projects | |
| g | To assist with organising/participating in Youth activities/projects | |

6. Please indicate your occupation/profession together with your skills _____
7. I enclose herewith membership fee of:
£20.00 (twenty pounds) for those aged 64 and below
£15.00 (fifteen pounds) for those aged 65 and above
and agree to comply with the Constitution, Standing Orders, Precedents and Policies of the association.

Signature of Applicant: _____ Date: _____

For Office Use:

(i) Date Applicant was approved: _____ (ii) Date Payment was received: _____

Member proposing Applicant:

Member seconding Applicant:

Chairperson's Signature: _____

Effective Date of Admission: _____

Date Constitution & Standing Orders were given to Member: _____

Please send the completed form to: Mrs Ethelca Brand OBE, MBE, MSA, Hon. Treasurer, DONA,
11 Nemoure Road, Acton, London W3 6NZ.