



DISCHARGED LGBTI VETERANS' ASSOCIATION



Membership Enrolment Form

Membership is Free

I, the undersigned, would like to apply for a Membership to the Discharged LGBTI Veterans Association (DLVA). I agree to support the purposes of the Discharged LGBTI Veterans Association.

Full Name	
Street Address	
Postal Address:	
Mobile:	
Email: Please write clearly	

Application for membership to be submitted via email: dlvainfo2020@gmail.com or by post to PO Box 325 Daylesford

Signed Date:

DLVA USE:

Received by:..... Date Approved by:.....

ADVOCACY. SUPPORT. INFORMATION.