



## MEMBERSHIP REGISTRATION FORM

### CONFIDENTIAL

Dr / Mr / Mrs / Ms

**First Name:** ..... **Surname:** ..... **D.O.B.** ..... /..... /.....

**Gender:** M / F **Address** .....

**Town**.....**Post Code:** .....

**Telephone No:** ..... **Mobile:** ..... **Email :** .....

**Emergency Contact:** ..... **Phone No:** .....

**2<sup>nd</sup> Emergency Contact:** ..... **Phone No:** .....

**Preferred method of receiving mail**      Mail      Email      Text Message

**Service used most at TBCC**      CHSP      C4C      Social Support      links/referrals

Do you consent to the information on this form being used for statistical purposes?

Yes / No

Do you consent to your image/photograph being used in production of reports to the Centre's funding bodies and/or for paper based, promotional information or newspaper articles submitted by the Tailem Bend Community Centre Inc.

Yes / No

**Signature:** .....

**Date:** ...../...../.....

#### OFFICE USE ONLY

Receipt number .....

Entered into Member list on: ...../...../..... by: .....

Entered into Telstra TIMS on: ...../...../..... by: .....

Adopted by Management Committee Dated: ...../...../..... Signed: .....