



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:**

2nd Emergency Contact: **Phone No:**

Preferred method of receiving information about services

Australia post Email Text Message social media

Service used most at please TBCC *please circle*

CHSP (over 65 years/50 ATSI) **MMCPN** (transport) **C4C** (Children and families)

CSSP (all other) social support/links/referrals Other

Membership cost \$5.50 per annum which includes, 50% off service charges, bi monthly newsletters, birthday card and voting rights at general meetings.

Please advise if you do or do not wish to receive a birthday card. Yes please / No thanks

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

Do you consent to the information on this form being used for statistical purposes? Yes / No

I have the right to withdraw consent at anytime by notifying the Tailem Bend Community Centre.

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

OFFICE USE ONLY

Receipt number Dated Paid:/...../.....

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

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

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

Entered into Mailchimp on:/...../..... by:

Entered into Maisy on:/...../..... by:

Forward for birthday card list:/...../..... by: