



## 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 information about services

Australia post      Email      Text Message      social media

**Service used most at TBCC** *please circle*

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

**CND** (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: .....