



# ASSOCIATE MEMBERSHIP FORM 2017



|                          |                       |
|--------------------------|-----------------------|
| <b>First Name:</b> _____ | <b>Surname:</b> _____ |
| <b>Course:</b> _____     |                       |

**\*Names of family members attending courses at the centre (if different from above):**

| First Name: | Surname: | Course: |
|-------------|----------|---------|
|             |          |         |
|             |          |         |
|             |          |         |

**\*EMERGENCY CONTACT NAME:** \_\_\_\_\_

**\*EMERGENCY CONTACT TEL:** \_\_\_\_\_

**\*Street Address:** \_\_\_\_\_

**\*Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_ **\*Mobile:** \_\_\_\_\_

**\*Email** \_\_\_\_\_

**\*Membership Type:** Family  Concession  Volunteer

**\* Would you like to receive our term program via email?** Yes  No

**\* Would you like to receive other Centre information via email?** Yes  No

**\*How did you hear about the centre?** Past Member  Friend  Picked up Brochure   
Letterbox  Website

**Other -** \_\_\_\_\_

***I agree to abide by the rules, aims and objectives of the Beaconsfield Neighbourhood Centre as governed by the Committee of Management and all information collected will remain confidential.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this membership form to Beaconsfield Neighbourhood Centre office or via email [contactus@bncinc.org.au](mailto:contactus@bncinc.org.au)

**Please indicate your preference for privacy and photos:**

**I do**  **I do not**  give permission for photo's of myself or family, taken at the centre being used for promotional purposes, including on the BNC website, Neighbourhood Natter and the Term Program booklet.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date of Receipt: \_\_\_\_\_ Received by: \_\_\_\_\_