



WORKSHOP MEMBERSHIP FORM 2017



***Member:**

First Name:	Surname:
Course:	

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

First Name:	Surname:	Course:

***Street Address:** _____

***Suburb:** _____ **Postcode:** _____

***Phone:** _____ ***Mobile:** _____

***Email** _____

Workshop 1 **Course** _____ **Workshop 2** **Course** _____

Workshop 3 **Course** _____ **Workshop 4** **Course** _____

*** Would you like to receive a program via email?** Yes No

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

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

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 be 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: _____