| Your membership and participation are valuable to the South Kingsville Community Centre. It raises our profile and gives a strong voice to help benefit the community. |
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| Membership Application |
| Applicant Details |
| Name: | Date of birth: |
| Current address: |
| Suburb: | State: | Postcode: |
| Phone: *Mobile* *Other number* |
| Email: |
| What is your preferred method of contact? *Mobile email other phone* |
| Are you currently participating in any activities at the centre? What are they? |
|  |
| What skills can you bring to the centre? |
|  |
| Emergency Contact |
| Name: |
| Relationship: |  |
| Address: | Phone: |
| Suburb: | State: | Postcode: |
| Phone: *Mobile* *Other* |
| Email: |
| Signature & declaration |
| *I hereby apply to become a member of South Kingsville Community Centre Incorporated. In the event of my admission as a member, I agree to be bound by the rules of the association.* |
| Signature of applicant: | Date: |
| Name: *Please print* |

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| OFFICE USE ONLY |
| * *Details recorded in Front Desk*
 | * *Details Recorded in Register*
 |
| *Date membership accepted:* | *Date:* |
| * *New Member Notified:*
 | *Date:* |