| 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* | |

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