

Membership Application Form

Thank you for supporting the Maldon Neighbourhood Centre. Your membership allows us to maintain our services in the community of Maldon.

Family Name: _____

First Name(s): _____

Business or
Organization
(if relevant) _____

Address: _____

Phone: _____ Mobile: _____

Email address: _____

(To save paper and money, where an email address is supplied, this will be our first avenue of contact.)

Occupation: _____

I wish to become a member of the Maldon Neighbourhood Centre. In the event of my admission as a member, I agree to be bound by the Rules of Association and the Policies & Procedures in force at the time of my membership. Policies are available to view www.maldonnc.org.au/about/policies. Subscriptions are due 1 July of each year.

MEMBER

Signature: _____ Date: _____

WITNESS

Signature: _____ Date: _____

All information is used only in accordance with our Privacy and Confidentiality Policy and the Rules of Association.

Please tick appropriate box.

FULL MEMBERSHIP

| Membership Type | Fee |
|---|--------------------------|
| <input type="checkbox"/> Individual (Standard) | \$15 |
| <input type="checkbox"/> Individual (Concession) | \$10 |
| <input type="checkbox"/> Family (Up to 2 adults and 3 children. Max 2 adult votes) | \$35/ \$25 (conc.) |

ASSOCIATE MEMBERSHIP (Non Voting)

| Membership Type | Fee |
|--|------|
| <input type="checkbox"/> Individual (under 18) | \$5 |
| <input type="checkbox"/> Not for profit Organizations | \$25 |
| <input type="checkbox"/> Business and other or- ganizations | \$35 |

I request my personal information to be restricted as per section 59 of the Associations Incorporation Reform Act (2012).

OFFICE USE ONLY

Date received: ___/___/___ Date Processed: ___/___/___

Payment Method: _____ Receipt no: _____

Amount: \$

Processed by: _____

Entered into database: _____