



Membership Application

**Application to: The Board of Directors
Peninsula Community Centre Incorporated**

Please note: Membership of the Peninsula Community Centre is **not a requirement** for accessing or using the services auspiced by the Centre.

NEW MEMBERSHIP:

NOMINATION:

I, a member of the association (.....),
(full name) (my membership number)
nominate the applicant/s, who is personally known to me, for membership of the
Association (i.e. Peninsula Community Centre Incorporated).

.....
Signature of proposer Date

APPLICANT INFORMATION:

Full Name of Applicant:
PLEASE PRINT

Residential Address:

Suburb: Postcode:.....

Daytime Phone Number: Home or Evening Contact Number:.....

Email address:

Type: Adult Family Junior (under 18) **NB: children under 18 are not eligible to vote.**

Declaration: I hereby apply to become a member of the Peninsula Community Centre Incorporated. In the event of my admission as a member upon the consideration of the Board, I agree to be bound by the Constitution of Peninsula Community Centre Incorporated and by the governing rules of the Association.

Signature Date:
(must be signed by parent or guardian if Applicant is a Junior member)

Please note: Only ONE vote per membership number is permitted

ASSOCIATED ADULT APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

MEMBERSHIP FEES:

Single Adult: \$9.00 Single Child: \$7.00

Family: \$15.00 Single Pensioner (aged or disability – proof required) \$6.00

This membership is for calendar year 2009 or part thereof. ALL memberships expire 31 December 2009

OFFICE USE ONLY:

Amount Paid: \$ Receipt Number:

NEW Membership Number Allocated:



Membership Application

**Application to: The Board of Directors
Peninsula Community Centre Incorporated**

Please note: Membership of the Peninsula Community Centre is **not a requirement** for accessing or using the services auspiced by the Centre.

MEMBERSHIP RENEWAL: Current Membership Number:
(for NEW Memberships, please see over page)

FIRST APPLICANT INFORMATION:

Full Name of Applicant:
PLEASE PRINT

Residential Address:

Suburb: Postcode:.....

Daytime Phone Number: Home or Evening Contact Number:.....

Email address:

Type: Adult Family Junior (under 18) **NB: children under 18 are not eligible to vote.**

Declaration: I hereby apply to renew my membership of the Peninsula Community Centre Incorporated. I agree to be bound by the Constitution of the Peninsula Community Centre Incorporated and by the governing rules of the Association.

Signature Date:
(must be signed by parent or guardian if Applicant is a Junior member)

Please note: Only ONE vote per membership number is permitted

ASSOCIATED ADULT APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

ASSOCIATED JUNIOR (child) APPLICANT:

Full Name of Applicant:

MEMBERSHIP FEES:

Single Adult: \$9.00

Single Child: \$7.00

Family: \$15.00

Single Pensioner (aged or disability – proof required) \$6.00

This membership is for calendar year 2009 or part thereof. ALL memberships expire 31 December 2009

OFFICE USE ONLY:

Amount Paid: \$

Receipt Number:

Confirmation of Membership Numbers: