



MEMBERSHIP APPLICATION FORM 2026

Membership type:

Associate Member

Regular user of the Centre who declines rights for voting and meeting purposes.

Full Member

Only tick this box if you would like to vote and receive notice of, attend and be heard at general meetings.
(Compulsory for Committee of Management members)

First Name:	Surname:	
Course:		
Phone Number:		
Email Address:		
Street Address:	Suburb:	Post Code:

Names of family members at same address attending courses at the Centre:

First Name:	Surname:	Course:

EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	

Fee Type: Family Concession Workshop Volunteer Committee of Management

Would you like to receive our term program via email? Yes No

How did you hear about the Centre? Past Member Friend Picked up Brochure
 Letterbox Website Other: _____

AUTHORISATIONS (please tick):

I do I do not give permission for photos of myself or family, taken at the Centre to be used for displays, promotional purposes, including on the BNC website, BNC's social media pages and the Term Program booklet.

I consent to participation in the Emergency Evacuation drills performed at the Centre if I or family members listed are present at the time. This may include assembling outside.

I agree to abide by the rules, aims and objectives of the Beaconsfield Neighbourhood Centre as governed by the Committee of Management. The Member Code of Conduct is displayed at reception and a copy available upon request. All information collected by Beaconsfield Neighbourhood Centre will remain confidential.

Signed: _____ Date: _____ / _____ / _____

Acceptance of your membership application is subject to final approval by the Committee of Management at their next meeting. You will be informed in writing if it is not accepted, and any fees paid will be refunded. Contact reception for information regarding exclusion from or access to the Member Register.

Please return this membership form to Beaconsfield Neighbourhood Centre office or via email contactus@bncinc.org.au

OFFICE USE ONLY	
Date of Payment Receipt: _____ / _____ / _____	Received By: _____