



Associate Member

☐ **Full Member**

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

First Name:	Surname:	Course:

EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	

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

☐ **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.

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: _____