



# WORKSHOP MEMBERSHIP FORM 2026



First Name:		Surname:	
<input type="checkbox"/> Workshop 1	<input type="checkbox"/> Workshop 2	<input type="checkbox"/> Workshop3	<input type="checkbox"/> Workshop 4
Course _____	Course _____	Course _____	Course _____
(After 4 separate Workshop membership fees – transfer to Associate Membership)			
Phone Number:			
Email Address:			
Street Address:		Suburb:	Post Code:

<b>EMERGENCY CONTACT NAME:</b>	
<b>EMERGENCY CONTACT PHONE:</b>	

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 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this membership form to Beaconsfield Neighbourhood Centre office or via email [contactus@bncinc.org.au](mailto:contactus@bncinc.org.au)

<b>OFFICE USE ONLY</b>			
Date of Receipt: ____/____/____		Received By: _____	
Workshop 1 \$4 payment received: ____/____/____	Workshop 2 \$4 payment received: ____/____/____	Workshop 3 \$4 payment received: ____/____/____	Workshop 4 \$4 payment received: ____/____/____