



WORKSHOP MEMBERSHIP FORM 2026



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

EMERGENCY CONTACT NAME:			
EMERGENCY CONTACT PHONE:			

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

OFFICE USE ONLY			
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: _____ / _____ / _____