

Membership Application

Your
Community
Centre



Ballan & District Community House & Adult Education Centre Inc.

MECHANICS INSTITUTE RESERVE

BALLAN MENS GROUP

ph. 5368 1934

PO Box 71

ABN 29 640 483 274

143 Inglis St,

Ballan, 3342, Vic

manager@bchvic.org.au

www.ballancommunityhouse.com.au

The Ballan & District Community House respects all personal and confidential information you provide. We will endeavour whenever possible to protect any information you may provide from unauthorized access, loss or misuse. Information collected from you is required for the delivery of services in accordance with our Community House operation, for Public Liability and Legal purposes. We also use this information to conduct research and surveys, so that we may better understand community needs and improve services.

PLEASE PRINT CLEARLY (IN CAPITALS)

Applicant Details

Men's Groups Participant



Title	Given Names		Surname	
Preferred Name				
Address		Town / City		State
Postal Address (if different from above)		Town / City		State
Hm phone	Wk phone	Mobile	Email	
By providing my email address above I agree to receive communications such as program information & updates by email			<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to provide some form of photo Identification to be sighted by a staff member			<input type="checkbox"/> Yes	<input type="checkbox"/> No
We may take your photo in the process of creating promotional material of the House activities. I agree to having my photo used for promotional purposes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
APPLICANT DECLARATION I hereby apply for membership of the Ballan & District Community House and Adult Education Centre Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association as are in force and provide permission to use any information collected in this form as described above			Date:	
			Signature:	
How did you hear about us?				
		<input type="checkbox"/> BDCH website	<input type="checkbox"/> Newspaper	
		<input type="checkbox"/> Facebook	<input type="checkbox"/> Friends	
		<input type="checkbox"/> Other –		

Nominated by

PROPOSER DECLARATION As a current financial member of the Association, I nominate the applicant for membership of the Association.		COMMITTEE MEMBER DECLARATION As a current Committee of Management member of the Association, I second the applicant for membership of the Association.	
Member No:	Date:	Member No:	Date:
Name:		Name:	
Signature:		Signature:	

Office Use Only

MEMBER IDENTIFICATION		REGISTER DETAILS		COMMITTEE		ACTIONS	
Photo ID sighted <input type="checkbox"/> Yes <input type="checkbox"/> No	ID Type sighted	Receipt No:	Receipt date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Letter Sent <input type="checkbox"/> Yes	
Sighted by Staff Member (Print name)		Date Entered into Registry:		Refund Required <input type="checkbox"/> Yes		Refund paid: <input type="checkbox"/> Yes	
Staff Member (Signature)		Entered by:		CoM Meeting Date		Member No:	