

Membership Application

Your
Community
Centre



Ballan & District Community House & Adult Education Centre Inc.

MECHANICS INSTITUTE RESERVE

BALLAN & DISTRICT MENS PROGRAM

143 Inglis St,
Ballan, 3342, Vic
info@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. No Private information is passed on to any 3rd parties

ph. 5368 1934
PO Box 71
ABN 29 640 483 274

PLEASE PRINT CLEARLY (IN CAPITALS)

Applicant Details

Membership Application
Tick all applicable boxes

- BDCH member only
 Ballan & District Men's Program
 Ballan Film Society

Title Mr Ms Mrs Miss Other

Given Names Surname

Preferred Name

Address Town / City State Postcode

Postal Address (if different from above) Town / City State Postcode

Hm phone Wk phone Mobile Email

By providing my email address or mobile phone above I agree to receive communications such as program information & updates by email or SMS Yes No

I am willing to provide some form of photo Identification to be sighted by a staff member Yes 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 Yes No

How did you hear about us?
Tick below

- BDCH website Newspaper
 Facebook BDCH Program
 Friends Other

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:

Nominated by

PROPOSER DECLARATION

As a **current financial member** of the Association, I nominate the applicant for membership of the Association.

Member No: Date:

Name:

Signature:

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:

Name:

Signature:

Office Use Only

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