

25 Ellena Street (P.O. Box 689) Maryborough QLD 4650 Phone: 07 41212141 Fax: 07 41236391

Email: reception@maryboroughnc.org

		Application for	Membership	
Title: Miss / Mrs / Mr / Dr /	Other			
Surname:			Given Names:	
Address:				
City:		State:	Postcode:	
Phone Numbers:				
Work:		- Fmail:		
Mobile:		Dlease	provide your email so we can send	you our newsletter electronically
Mobile:		_	e provide your errial so we can send	you our newsietter electronically
Nominated By:			Seconded By:	
Membership Fee:				
	\$5.50	Concession/Pensioner rate		
	\$11.00	Non- concession rate		
1		harahy agree to m	v namination to become a mombe	ar of the Neighbourhood Contro
Manufacture I access	4	, nereby agree to m	y nomination to become a membe	er of the Neighbourhood Centre
			the Neighbourhood Centre Maryb	orougn inc. and i agree to pro-
mote the Aims and Object	ives of the Cen	itre at all times.		
Signature of Applicant			Dete	
Signature o	of Applicant		Date	
Signature of Nominating Member			Date	
Privacy disclaimer: All perso	onal information coll	ected by the Maryborough Neighbourbook	I Centre is protected by the Privacy Amendm	ent (Private Sector) Act 2000. The Maryhor-
				mation in order to properly and efficiently carry
				be advised that your personal information may
			munities, which is our main funding body, for	the purposes of ensuring that the Marybor-
ough Neighbourhood Centre is pro	viding quality service	e that meets certain standards.		
For Maryborough Neigh	bourhood Ce	ntre Staff & Management to	<u>complete</u>	
Date presented to Manage	ement Committe	ee:		
Date accepted into member	ership:			
Signature of President or	presiding mem	ber:		
Date paid membership	1 1	Staff member	's name:	
Receipt #:		Type of membership: CONC	ESSION / NON-CONCESSION	