

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

Email: admin@maryboroughnc.org

Application for Membership		
Title: Miss / Mrs / Mr / Dr / Other		
Surname:		Given Names:
Address:		
City:	State:	Postcode:
Phone Numbers: Home:	_	
Work:	_ Email:	
Mobile:	Please	e provide your email so we can send you our newsletter electronically
Nominated By:		Seconded By:
Membership Fee:	Concession/Pensioner rate	
□ \$5.50 □ \$11.00	Non- concession rate	
Signature of Applicant		Date
Signature of Nominating Membe	<u>r</u>	Date
Maryborough Neighbourhood Centre is committed in ciently carry out its functions and only uses personal i	protecting the privacy of personal informatinformation for the purposes for which it wa Officer of the Queensland Government, De quality service that meets certain standard	
Date presented to Management Commit	-	
Date accepted into membership:		
Signature of President or presiding men	nber:	
Date paid membership / / Staff member's name:		
Receipt #: Type of membership: CONCESSION / NON-CONCESSION		