

 New Member INDIVIDUAL

 Renewing Member MEMBERSHIP FORM

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| 1. MEMBERSHIP DETAILS |
| Title: Mr/Mrs/Ms/Miss First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership Category:  Aboriginal or Torres Strait Islander Other Ethnicity Life Member Aboriginal or Torres Strait Islander - *Youth* (U/18) Other Ethnicity *–Youth* (U/18) |

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| 2. MEMBER DETAILS |
| Sex: Male Female D.O.B: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ yearsPostal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you consent to receive information from Darumbal CYS via SMS and email? Yes / NoWhat would you like from your membership (e.g. Newsletters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What can you contribute? (e.g. Assistance with Fundraising activities)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 3. MEMBERS DECLARATION, NOMINATION AND PAYMENT DETAILS |
| I agree to pay the annual membership fee as determined by Darumbal Community Youth Services Inc and to keep the organisation up to date of any change of details (address, contact phone number etc) relating to my membership. I further accept any and all decisions the Committee of Management makes in regards to this application and understand there is a procedure for appeal to the committee in writing, within one month of acceptance or rejection notice.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_Nominated by financial member 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nominated by financial member 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. PAYMENT DETAILS |
| Annual Membership Fee $\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_ Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 5. COMMITTEE ENDORSEMENT |
| Motion: “…… that the Committee of Management accepts/does not accept this nomination of the above person, subject to the requirements set out in the constitution and to the satisfaction of the Committee of Management.”Moved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Common seal**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ **Carried / Not Carried**Membership Start Date: \_\_\_/\_\_\_/\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_  |

*Note: Darumbal Community Youth Services Inc has Public Liability Insurance and as such is insured to cover against any accidental damage (third party injury and/or damage to property) to the amount of $10,000,000.*