

Mactier Community Centre

2016 MEMBERSHIP APPLICATION

PERSONAL DETAILS

Full Name:							
Spouse:							
Child/ren:	1.		DOB:				
	2.		DOB:				
	3.		DOB:				
	4.		DOB:				
Allergies:			-				
We are a:	☐ Defence Famil		Family				
		CONTACT DETAILS					
Address:							
Phone:							
Email:							
Emergency:	Name:	Phone	Phone:				
CONDITIONS OF USE							
\$10.00 per family under the age of		Membership covers the spo	use of MCC Member and children				
•			at the discounted rates. Some ting rights at the AGM and an				

of the Simpson's Voice newsletter.

Mactier Community Centre

ALL granted activities have their own associated session fees that must be paid for at the time of service.

Date Rec:	Payment Type:	Invoice No.					
OFFICE USE ONLY							
	_						
	Reference:	Membership + Your Surname					
	Account No.:	20785923					
	BSB: 803 205						
Account Name: Mactier Community Centre							
Direct deposit details:							
Membership will be valid transfer.	upon receipt of p	ayment to Mactier Community Cent	re by cash o	or bank			
PAYMENT INFORMATION							
Signature:		Date:					
•	• •	sion we attend as a Mactier Commu lined on the following page.	nity Centre	Member			
I give permission for the Mactier Community Centre to take photos of myself and my Child/ Children to use on the Mactier Community Centre Facebook Yes No site.							
I give permission for the I and my Child/ Children to	☐ Yes	□No					
I give permission for the I and my Child/ Children to and magazines.	Yes	□No					