

MEMBERSHIP APPLICATION FORM – INDIVIDUALS, COUPLES & FAMILIES Financial Year 2020 – 2021

CONTACT DETAILS					
Contact Person 1					
Full name					
Address					
Phone/mobile					
Email					
Contact Person 2					
Full name					
Address					
Phone/mobile					
Email					
Use contact details fro	om 2019-2020FY (i.e. current	contact details are identic	al to last years)		
PLEASE SELECT WHICH	I MEMBERSHIP YOU ARE	APPLYING FOR			
🗆 Individual member	ship \$10.	00 per financial year			
Couple / Family Membership		\$12.00 per financial year			
PLEASE SELECT WHET	HER NEW OR RENEWING I	/IEMBER			
\Box New membership (i.e. membership was not held or renewed for the past financial year)					
🗆 Renew membershi	o (i.e. membership was cui	rent during last financia	ıl year)		
METHOD OF PAYMEN	T				
EFTPOS / Credit Card \Box	Cash 🗌 🛛 Direct Deposi	🗆 Cheque 🗆			
-	Neighbourhood Centre Inc.		nt number: 1002 2328		
*Note, if paying by direc of payment	t deposit, please use surnam	e in deposit description an	nd email admin@knc.net.au to inform		
DECLARATION					
my/our admission as a	member, I/we agree to be b	ound by the rules of the A	corporated Association. In the event of Association for the time being in force. KNC, chiefly the Kariong Connection		
	mbership will be presented televised as a New Member.	o the Board of Directors a	at the next meeting for approval and if		
Signature of Applicant		Date	e		

What does your Membership entitle you to?

- An opportunity to contribute to your local community and have your say
- The opportunity to join the Kariong Neighbourhood Centre Inc. Board
- Regular invitations to Member events, morning teas and functions held at the Centre
- Bi-monthly Kariong Connection Newsletter sent to you via email
- Reduced faxing, photocopying, scanning and printing rates
- Free advertising for community & non-government organisations
- Great value advertising for private businesses & government groups
- Regular updates about current information/events

FOR ADMIN USE ONLY	Excel Mailchimp	🗆 Outlook	Date entered:			
Invoice number (if applicable)						
Paid by	EFTPOS/Credit card	□ Cash □ Dire	ct Deposit 🛛 Cheque	Date:		
Accepted by	Date:					
FOR KNC BOARD USE ONLY						
I, (Full name) as a member of the association, nominate the applicant, for membership of the association.						
Signature of Proposer: Date:						
I, (Full name) as a KNC Board member second the nomination of the applicant, for membership of the association.						
Signature of Seconder:		Date:				

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