



Membership Form - Women's Community Centre

64 Nelson Street, Stepney SA 5069 Telephone: 836 26571 Fax: 8362 0388
Email: wcca@senet.com.au Website: www.wccsa.asn.au

MEMBERSHIP NO: _____ NEW MEMBER EXISTING MEMBER CHANGES ONLY

Membership Type Volunteer Financial Member Organisation Mailing List Only

Title: Ms / Mrs / Miss	Full Name :
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Address:

Suburb :	State :	Postcode :
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Phone No :	Mobile No :
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Fax No :	Email :
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Do You Prefer to receive information from us via email ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Date of birth ____/____/____	Country of Birth _____
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Do you have any health concerns/disability we should know about for your safety? Please list them down and your privacy is assured. _____ _____
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Do you have Health Care Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Next of Kin Name & Contact No.	Will you be using the creche? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Names and Birth Dates of children that you will bring to creche ?

Child 1 Birth Date	Child 2 Birth Date	Child 3 Birth Date
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Membership fee is a requirement of all users of the Centre and costs \$10.00/annum or \$7.00/annum for concession. It entitles you to join activities, use the services of the Centre and be placed on our mailing list.

PHOTOGRAPHY - I give permission to be photographed while in the centre to be used for display or in publications. Yes / No
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For funding statistic purposes.

Aboriginal and/or Torrens Strait Islander. Yes No

Languages spoken at home ?

Culturally and Linguistically diverse. Yes No

Highest school level and year completed ?

Proficiency in English ?

Good Average Bad

Signature :

Date : ____ / ____ / 2010

OFFICE USE - Entered by: _____

Date: ____ / ____ / 2010