Women's Community Centre SA Inc.

64 Nelson Street Stepney SA 5069
Telephone: (08) 8362 6571
E: director@wccsa.asn.au W: www.wccsa.asn.au
T: www.t.me/wccsa F:www.facebook.com/wccsa

Membership Form

Date Paid: ____ / ____ / ____

Membership fee is a requirement of all users of the Centre to join activities, use services of the Centre and be placed on our mailing list.
Fee Structure :
$30.00/annum or $20.00/annum(concession) for Associate Members.
$50/annum/Person or 100.00/annum/Organisation for Supportive Members.

Application Type: New ☐ Renewal ☐ Update Info ☐	**Membership Type** Associate Member: ☐ Supportive Member: Person ☐ Organisation ☐

Title:	**First Name:**	**Last Name:**

Address:

Suburb:	**State:**	**Postcode:**
Phone No:	**Mobile No:**	

Do you prefer to receive information from us via email? YES ☐ NO ☐

Email Address: _____

Date of birth ____ / ____ /_____ **Country of Birth:** _____

Do you have any health concerns/disability we should know about for your safety?
(*Please list them down and your privacy is assured).* _____

Please tick one: Concession ☐ Health ☐ Senior ☐ Pension ☐ Student ☐

Emergency Contact: _____ **Contact No:** _____

Photography *(see over for more information)*

I give permission to be photographed while in the Centre to be used for display publications YES ☐ NO ☐

Signed: _____ Date: _____

For funding statistic purposes:

Aboriginal and/or Torres Strait Islander YES☐ NO☐

Culturally and Linguistically diverse YES ☐ NO ☐

Highest school level and year completed?

Year 10 ☐ High School ☐

Diploma ☐ University ☐

Parent YES ☐ NO ☐

No. of Children _____

Proficiency in English?

Good ☐ Average ☐ Poor ☐

Language(s) spoken at home?

_____

Current Employment Status:

Retired ☐ Unemployed ☐

Part-time ☐ Full-time ☐ Job Seeking ☐

Signed: _____ Date: _____

FOR BUSINESS MEMBERS ONLY

Business Name: _____

ABN: _____ Location: _____

Contact Person: _____ Telephone No. _____

Email Address: _____

Brief description of Business: _____

Category that you would like the business to be listed under: _____

Facebook Page: _____

Webpage: _____

Office Use Only *Country of Birth:* _____

Received by: _____ *Date:* _____

Entered by: _____ *Date:* _____

Card made by: _____ *Date:* _____

Photography Permission Information

The Women's Community Centre (SA) Inc. occasionally uses photographs of our members for promotional or marketing purposes. We would like you permission to photograph and/or film you for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of the Women's Community Centre (SA) Inc. and will be used for the designated purpose of promoting the Women's Community Centre (SA) Inc. Your contact details will remain strictly confidential.