

# Enrolment and Membership Form



12-14 Anzac Avenue Yarra Glen 3775, PO Box 396 Yarra Glen 3775, Phone 9730 2887 [www.yarraglen.com/livingandlearning](http://www.yarraglen.com/livingandlearning) Email [ygdllc@bigpond.com](mailto:ygdllc@bigpond.com)

ABN: 23 751 689 832

INCORPORATED NUMBER: A4015

**Confidentiality** – Information collected by the Centre will be used for statistical purposes and shared with local government as a condition of our funding and will be kept strictly confidential. A copy of our Privacy Policy is available upon request.

## Our Vision

To provide a safe welcoming environment where skills and ideas are shared. To make a difference to people's life. To provide people with a greater sense of wellbeing and belonging.

## Our Mission

Keeping our community connected by generating a greater sense of wellbeing.

Please complete all enrolment details below

<b>Surname:</b>		<b>First Name:</b>		<b>Membership Number:</b>	
<b>Date of Birth:</b>			<b>Gender:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Address:</b>					<b>Postcode:</b>
<b>Home Phone:</b>			<b>Mobile:</b>		
<b>Email Address:</b>					
<b>Emergency Contact Name:</b>			<b>Emergency Contact Number:</b>		
<b>Country of Birth:</b>			<b>If you were not born in Australia, are you an Australian Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you an Australian Aboriginal or Torres Strait Islander?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	
			<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes both	
<b>Main language spoken:</b>	<input type="checkbox"/> English <input type="checkbox"/> Other _____				
<b>How did you hear about the class/workshop?</b>			<input type="checkbox"/> Program <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other, please specify: _____		
<b>Class/Workshop Codes and Fees</b>			Code: _____ Fee: \$ _____ Code: _____ Fee: \$ _____ Code: _____ Fee: \$ _____ Annual Membership: _____ Fee: \$ _____ <b>Total Fee Due:</b> \$ _____		
<b>Term 1 2017</b>	<input type="checkbox"/>				
<b>Term 2 2017</b>	<input type="checkbox"/>				
<b>Term 3 2017</b>	<input type="checkbox"/>				
<b>Term 4 2017</b>	<input type="checkbox"/>				
<b>Payment Options:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Transfer <b>BSB: 633 000 Account Number: 130 256 902</b> Please include your name and class code for reference				

If you have any special needs please talk to our staff about how we can support your participation in our classes/workshops.

## Member Agreement

As a member of the Yarra Glen & District Living & Learning Centre, I agree to:

- Be subject to the Yarra Glen & District Living & Learning Centre Inc. Constitution 2012
- Be bound by the Policy and Procedures of Yarra Glen & District Living & Learning Centre Inc.
- Support the Purposes of the Association as outlined in the Yarra Glen & District Living & Learning Centre Inc. Constitution 2012
- Agree that my membership of Yarra Glen & District Living & Learning Centre Inc. will expire at the close of business 31 December 2017 unless I have renewed or resigned my membership before this time

I hereby declare that all information provided on this form is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_