

Enrolment and Membership Form



12-14 Anzac Avenue Yarra Glen 3775, PO Box 396 Yarra Glen 3775, Phone 9730 2887 www.yarraglen.com/livingandlearning Email 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

Surname:		First Name:		Membership Number:	
Date of Birth:			Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address:	_____				
	_____ Postcode: _____				
Home Phone:		Mobile:			
Email Address:	_____				
Emergency Contact Name:			Emergency Contact Number:		
Country of Birth:		If you were not born in Australia, are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you an Australian Aboriginal or Torres Strait Islander?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes both
			<input type="checkbox"/> Yes, Torres Strait Islander		
Main language spoken:	<input type="checkbox"/> English	<input type="checkbox"/> Other _____			
How did you hear about the class/workshop?	<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: _____				
Class/Workshop Codes and Fees	Code: _____ Fee: \$ _____				
Term 1 2021 <input type="checkbox"/>	Code: _____ Fee: \$ _____				
Term 2 2021 <input type="checkbox"/>	Code: _____ Fee: \$ _____				
Term 3 2021 <input type="checkbox"/>	Annual Membership: _____ Fee: \$ _____				
Term 4 2021 <input type="checkbox"/>	Total Fee Due: \$ _____				
Payment Options:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Transfer BSB: 633 000 Account Number: 130 256 902 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 2021 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:** _____