

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
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: \$ _____ Code: _____ Fee: \$ _____ Code: _____ Fee: \$ _____ Annual Membership: _____ Fee: \$ _____ 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:

- a. Be subject to the Yarra Glen & District Living & Learning Centre Inc. Constitution 2012
- b. Be bound by the Policy and Procedures of Yarra Glen & District Living & Learning Centre Inc.
- c. Support the Purposes of the Association as outlined in the Yarra Glen & District Living & Learning Centre Inc. Constitution 2012
- d. Agree that my membership of Yarra Glen & District Living & Learning Centre Inc. will expire at the close of business 31 December 2022 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:** _____