

# 2024 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>  | _____<br>_____ Postcode: _____   |  |   |                           |  |  |   |
| <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<br><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<br><input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other, please specify: _____   |  |   |                           |  |  |   |
| <b>Class/Workshop Codes and Fees</b>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>Term 1 2024</b>    <input type="checkbox"/><br/> <b>Term 2 2024</b>    <input type="checkbox"/><br/> <b>Term 3 2024</b>    <input type="checkbox"/><br/> <b>Term 4 2024</b>    <input type="checkbox"/> </td> <td style="width: 50%; border: none;">                     Code: _____ Fee: \$ _____<br/>                     Code: _____ Fee: \$ _____<br/>                     Code: _____ Fee: \$ _____<br/>                     Annual Membership: \$12 or \$15    Fee: \$ _____<br/> <b>Total Fee Due:</b>    \$ _____                 </td> </tr> </table> |  |   |                           |  | <b>Term 1 2024</b> <input type="checkbox"/><br><b>Term 2 2024</b> <input type="checkbox"/><br><b>Term 3 2024</b> <input type="checkbox"/><br><b>Term 4 2024</b> <input type="checkbox"/> | Code: _____ Fee: \$ _____<br>Code: _____ Fee: \$ _____<br>Code: _____ Fee: \$ _____<br>Annual Membership: \$12 or \$15    Fee: \$ _____<br><b>Total Fee Due:</b> \$ _____ |
| <b>Term 1 2024</b> <input type="checkbox"/><br><b>Term 2 2024</b> <input type="checkbox"/><br><b>Term 3 2024</b> <input type="checkbox"/><br><b>Term 4 2024</b> <input type="checkbox"/> | Code: _____ Fee: \$ _____<br>Code: _____ Fee: \$ _____<br>Code: _____ Fee: \$ _____<br>Annual Membership: \$12 or \$15    Fee: \$ _____<br><b>Total Fee Due:</b> \$ _____  |  |   |                           |  |  |   |
| <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><br>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 2024 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:** \_\_\_\_\_ #