For administrative and insurance reasons we require all participant to complete the following Membership Application Form before they can commence any class offered by the Brentwood Park Neighbourhood House.

Primary Member:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  | | | | | |
| Last name |  | Title | | MR MRS MS MISS DR MX OTHER | | |
| Date of birth | Day / Month | | | | | |
| Email |  | | | | | |
| Landline: |  | | Mobile: | | |  |
| Address |  | | | | | |
| Suburb |  | Postcode | | |  | |

Additional HOUSEHOLD members attending BPNH if applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Last name |  | Title | MR MRS MS MISS DR MX OTHER |
| Date of Birth | Day / Month | | |

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Last name |  | Title | MR MRS MS MISS DR MX OTHER |
| Date of Birth | Day / Month | | |

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Last name |  | Title | MR MRS MS MISS DR MX OTHER |
| Date of Birth | Day / Month | | |

Household information:

|  |  |
| --- | --- |
| Council area: | Casey Cardina Dandenong OTHER: |
| Languages spoken at home |  |

BPNH

|  |  |
| --- | --- |
| Household Membership Fee | **$6.00 per annum**  **(Period 1 January 2022 to 31 December 2022)** |
| Group/Class (as applicable) |  |

How did you find out about BPNH?

|  |  |  |
| --- | --- | --- |
| * Social Media | * Newspaper | * Google |
| * Flyer | * Newsletter | * Referral (friend/member) |
| * Casey Connect and Learn | * City of Casey | * Noticeboard |

PRIVACY Brentwood Park Neighbourhood House acknowledges and respects the privacy of individuals. Information received by Brentwood Park Neighbourhood House such as name, number and email address will be placed into BPNH’s internal communications such as membership list and monthly newsletter (not to be used for solicitation or selling purposes).

Copy of the BPNH Privacy and Confidentiality Policy document is available upon request.

If you **do not** want to receive newsletters, information about special events or school holiday programs etc, please tick the box

Whilst in the venue your photograph/video may be taken. Photos may be used for our promotional purposes and funders. If you **do not** want your image used please tick the box

Primary Member’s Emergency Contact:

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Contact Number |  |
| Relationship to member: |  |

Primary Member Signature: Date: