

APPLICATION FOR MEMBERSHIP of KERRIE NEIGHBOURHOOD HOUSE INC.

I, (Full Name of Applicant) of
..... (Address) (Home Phone)
.....(Mobile).....(Email)

desire to become a member of KERRIE NEIGHBOURHOOD HOUSE INC.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

.....(Signature of Applicant) Date

I, , a member of the Association nominate the applicant, who is personally known to me, for membership of the Association

.....(Signature of Proposer) Date

I,a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

.....(Signature of Seconder)..... Date

PRIVACY STATEMENT – KERRIE NEIGHBOURHOOD HOUSE

The information you have provided will be available to the administrative staff. It will not be disclosed to a third party, unless it is required in the event of a medical emergency.

This form will be held in our office until membership is no longer current, and then it will be archived.

- *Users of Kerrie Neighbourhood House may have access to any of their personal information which we may hold about them at any time.*
- *Kerrie Neighbourhood House respects your confidentiality and the security of your personal information and we are committed to its protection at all times.*

Please advise the Office should any of your personal details change at any time.