



LOCKYER COMMUNITY CENTRE MEMBERSHIP APPLICATION FORM

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

What attracted you to LINC? \_\_\_\_\_

\_\_\_\_\_

What would you like to gain from your time at LINC? \_\_\_\_\_

\_\_\_\_\_

What experience, knowledge and skills do you feel you can contribute to LINC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_

● Please specify any medical conditions that we should be aware of, and if applicable what actions are to be taken in the event of an occurrence: \_\_\_\_\_

\_\_\_\_\_

Please provide details that may be considered a potential / perceived / real conflict of interest:

\_\_\_\_\_

\_\_\_\_\_

I acknowledge this work is undertaken of my own free will. There is no financial payment, unless it is the reimbursement of out-of-pocket expenses. It is undertaken for the benefit of the community. I am fully aware this is a volunteer position.

SIGNATURE & DATE: \_\_\_\_\_ Membership fee: \$ 5.50 \* To be paid annually at / prior to AGM

Amount received: \_\_\_\_\_ Payment date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_