

LOFTUS COMMUNITY CENTRE

2019 MEMBERSHIP APPLICATION FORM

\$20 Family Membership
 \$15 Seniors Membership

Primary member name	
Address	
Mobile number	
Email address	
Emergency Contact Name:	
Emergency Phone Number:	

Other family members

Name	Email address (if different)	Date of birth (if child)

Community Group Involvement (please tick)

Playgroup		School Holiday Program		Craft Group	
Toy Library		Mothersong Choir		Table Tennis	
3+ Kindy		Seniors Programs		Chess	
Childcare CoOp		Leadlighting		Other _____	

Volunteering

The Centre appreciates Volunteer Support. Do you have any interests, skills or qualifications you wish to share with us? (optional)

(please tick any that apply)

Course Delivery (adults)	Financial Management	
Course Delivery (children)	Governance	
Environmental activities	Multicultural activities	
Event Organisation	School Holiday Program delivery	

Skills and qualifications:

Signed:

Dated:

We trust you will enjoy being a Member of our Centre.

All information on this form will be treated in accordance with the Privacy Act and will not be disclosed or sold to a third party.