

Membership **Application Form**

PO Box 977 Cleveland 4163 Tel (07) 3821 1089 Fax (07) 3821 8633 www.donaldsimpsoncentre.com.au contact@donaldsimpsoncentre.com. au

Last name:			st or p	ame	ame:			Mr □ Mrs □ Ms □					
Home address:			,			Post code			Gender: M □ F □				
Date of birth: Hor			me phone:			Mc			obile:				
Email:		1											
Emergency contact						Phone number:							
How did you hear about the DSC?			Facebook			Referral 🗆			DSC outdoor sign □				
Community newspa	Sh	Shopping centre sign □					Other (please explain)						
Are you interested	in contribut	ing some	e of you	ur time to	help	us?		Y	'es □ N	lo 🗆	Maybe		
If so, what are you	in doing?	ing? Run an activit			/ Marketir			ng DSC □		Fundraising \Box			
Grant writing \square	rant writing Reception Set-up events						Other (please explain)						
Would you like to purchase a name badge for \$7.50?						Yes □			No □		\$		
Would you like to purchase a DSC T-Shirt for \$25.00						Yes □					\$		
If yes, what size T-	nall 🗆	□ Medium			Larg			ge 🗆		X-large □			
Would you like to make a donation? Even small donations make a difference. If so, what amount would you like to donate?										\$			
I hereby certify that the Donald Simpson Commu Centre and I do not hold reason whatsoever. I also	nity Centre (t the Centre re	he Centre) esponsible	. I unde for any	rstand that i injury, dam	there of	are rish r loss,	ks inv in res	olved spect (in any act of my perso	ivity l on or	! undertake	e at the	
Name:		Date:				Signature:							
		<u> </u>		Privacy Polic	:y	ı							
The Donald Simpson Compurposes. All personal inf						-				nents a	and/or comp	oetitior	
-			OF	FICE USE C	NLY								
New membership \square		Money	Money received \square				All details entered in database $\ \Box$						
Renewal 🗆		Membe	Membership card given □				Membership No:					1	

Membership card given □