



15 Chelsea Road
Chelsea Vic 3196
Ph: 9776 1386

www.longbeachplace.org.au

Enrolment Form 2020 Groups and/or Fee for Service

<u>office use only</u>			
F/D		M/L	
Date	/	Date	/

Please print clearly

Personal Details: <i>Please answer all questions.</i>			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	First legal name: <i>please print clearly</i>	Surname:	Date of Birth: / /
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address:		Postcode:
	Suburb:		
Home phone:		Mobile:	
Email:		Would you like us to send you our next brochure in the mail? (Brochure is also available on our website) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Emergency Contact Details:			
Emergency contact name:		Relationship to you:	
Phone number:		Mobile number:	

How did you hear about Longbeach Place Inc.? (please tick) <input type="checkbox"/> MyCommunityLife <input type="checkbox"/> Library <input type="checkbox"/> Brochure <input type="checkbox"/> Local Paper <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Other specify: Would you like to be included on our email update listing? YES / NO

Group or activity you are enrolling in: please tick <input checked="" type="checkbox"/>		
Walk n Talk <input type="checkbox"/>	PC Users <input type="checkbox"/>	Bayside Book Club <input type="checkbox"/>
Tai Chi <input type="checkbox"/>	Yoga <input type="checkbox"/>	Chelsea Social Group <input type="checkbox"/>
Pilates <input type="checkbox"/>	Other:	Other:

Membership & Members Code:

Membership Fees:

It is a Governance Committee policy that all participants pay an annual membership fee of \$10.00 upon their first enrolment for the calendar year (Jan 1st –Dec 31st) with an option of applying for a voting membership. Annual Membership Fee is non-refundable.

I wish to apply for voting membership (information is available at reception)

I DO / DO NOT (Please circle appropriate answer)

Allow photographs/videos of me to be taken, or any of the written work that is completed as part of my classes at Longbeach PLACE, to be used for display on TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual Reports.

Do you give permission for your contact details and health information to be given to your Convener? YES/NO? (Please circle appropriate answer)

Please refer to more details regarding Longbeach PLACE's Privacy Policy on our website www.longbeachplace.org.au.

Members Code:

Each Participant has the right to:

- be shown respect by others
- actively participate in a non-threatening and healthy environment
- participate in a safe and healthy environment
- be afforded personal privacy and confidentiality
- be informed of policies and procedures
- be given information on the services available
- be given the opportunity to have input into decision making
- have cultural, religious and personal differences respected

✓ **I have read and agree to abide by the members code.**

Each Participant has the responsibility to:

- abide by Longbeach PLACE Inc. policies and requirements
- act in a responsible manner
- respect the rights of others
- ensure the rights of others are not compromised
- respect the personal space of others
- show respect for other people's property
- leave facilities in a clean and tidy condition after use

Signature: **Date:** / /

Office use only

Date:	Payment received for:	Term	Amount Paid:	Rec.No. (or CC)	Entered on places list	Amount Owing
	Membership Fee					