



(Incorporated under the Associations Act 1984)

# Drummoyne Community Centre Inc.

## **APPLICATION FOR INDIVIDUAL MEMBERSHIP**

### Year 2020/2021

**Please print clearly (if handwriting) and complete both pages**

I wish to apply for membership of the Drummoyne Community Centre Incorporated and agree to support the objects of the service and to abide by the Rules and Regulations as set down in its Constitution and will actively work to promote the organisation within the community and to achieve its goals.

Title		First Name		Last Name	
Address					
Suburb			Postcode		
Phones: Home			Work		Mobile
Email					
Signature					
Date					

**NOTE:** All applications for membership must be approved by the Drummoyne Community Centre Incorporated Management Committee.

Send your application to: The President, Drummoyne Community Centre, 10 Cometrowe Street, Drummoyne 2047

***Please enclose payment of \$15 initial joining fee with membership form***

Contactless payment can be done by direct transfer to Commonwealth Bank BSB 062 157, Account Number 0090 2386 using your name as a reference. Please notify the office when the transfer has been made.

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Approved / Not Approved by Drummoyne Community Centre Incorporated Management Committee	
At meeting held on (date)	
If not approved, reason/s why	
Signature of President / Secretary / Treasurer	
Date	

**Office Use Only:**

Amount Paid	\$	Added to Data File	Yes / No
Receipt No.		Date/Initial when added to Membership File	

# SURVEY QUESTIONNAIRE

Age Category	<input type="checkbox"/>	Under 25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>	46-55	<input type="checkbox"/>	56-65	<input type="checkbox"/>	66-75	<input type="checkbox"/>	76+
Gender	<input type="checkbox"/>	Male					<input type="checkbox"/>	Female						
Occupation														

How have you been involved at Drummoyne Community Centre?	
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Hall hirer
<input type="checkbox"/>	Attend class (specify)
<input type="checkbox"/>	Attend group (specify)
<input type="checkbox"/>	Attend events (specify)
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Member on a DCC Committee (specify)

The following statistics will help us gain a profile of our members. You will not be identified with the statistics. We appreciate you taking the time to answer the brief questions.

## Ethnicity

Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In what country were you born?				
What language/s do you speak at home?				

## Disability

Do you consider you have any disabilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify:				

## Employment

Which of the following would best describe your current work status?			
<input type="checkbox"/>	Full-time employee	<input type="checkbox"/>	Unpaid family worker
<input type="checkbox"/>	Part-time employee	<input type="checkbox"/>	Seeking work
<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Not seeking work (retired, volunteer)
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Student

## Education

Have you completed any TAFE or university course since leaving school?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, what were the courses?					
What is the highest level of your education?					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Tertiary

## Where did you hear about our courses?

<input type="checkbox"/>	Brochure	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Parenting Calendar
<input type="checkbox"/>	Local paper (specify)				
<input type="checkbox"/>	Other (specify)				

Signature			
Name		Date	