



(Incorporated under the Associations Act 1984)

Drummoyne Community Centre Inc.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Year 2021/2022

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 \$16.50 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	
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	

WE WOULD LIKE TO KNOW MORE ABOUT YOU

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.

Name		Date	
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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+
Do you identify as	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other				

Ethnicity

Do you identify as Aboriginal or Torres Strait Islander?	<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"/> At home (care for family)
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Retired or not seeking work
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Student
<input type="checkbox"/> Employer	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Seeking work	<input type="checkbox"/> Other (please specify):

How are you usually involved at Drummoyne Community Centre? (Tick as many as apply)

<input type="checkbox"/> Volunteer	
<input type="checkbox"/> Management Committee Member	
<input type="checkbox"/> Hall Hirer	
<input type="checkbox"/> Attend class (specify)	
<input type="checkbox"/> Attend group (specify)	
<input type="checkbox"/> Attend events and talks (specify)	
<input type="checkbox"/> Use the Bayrider Bus	
<input type="checkbox"/> Other	

How did you hear about Drummoyne Community Centre? (Tick as many as apply)

<input type="checkbox"/> Brochure or Newsletter	<input type="checkbox"/> Facebook	<input type="checkbox"/> Direct Email
<input type="checkbox"/> DCC Website	<input type="checkbox"/> Friend family or neighbour	<input type="checkbox"/> By Post
<input type="checkbox"/> Resourcing Parents	<input type="checkbox"/> Other (specify)	

We appreciate you taking time to answer our questions and warmly welcome you to DCC.