



# 2011 APPLICATION FOR MEMBERSHIP

(Please post this form with your membership fee to The Secretary, PO Box 755 Oxenford QLD 4210)

FAMILY NAME.....**RENEWAL OF MEMBERSHIP** YES/NO

GIVEN NAMES.....DATE OF BIRTH.....

RESIDENTIAL ADDRESS.....

.....POSTCODE:.....

POSTAL ADDRESS.....POSTCODE.....

HOME PHONE NO.....MOBILE.....

WORK CONTACT.....EMAIL ADDRESS.....

I authorise/do not authorise the OCCYC to take and use any photographs, videos or sound recordings of me/my children and any other productions or adaptations of my/the child's likeness ('their material') either in full or in part, in conjunction with any wording or drawings, in any OCCYC publications or presentations. I acknowledge that I have/the child has no rights in the material or in any OCCYC publications, productions or presentations that include the material.

1. I acknowledge that the details provided are subject to privacy laws.
2. I also acknowledge that I/we/my child will follow all OCCYC rules in particular the code of conduct and the Policy on Child Protection.
3. By signing this membership form I also agree to accept OCCYC information by email.
4. I would like to volunteer some of my time at the centre. Yes/No

NAME:.....SIGNATURE.....DATE.....

PLEASE SELECT ONE CATEGORY YOU WISH TO APPLY UNDER

CATEGORY	FEES FOR YEAR ENDED 31 <sup>ST</sup> DECEMBER, 2011
<input type="checkbox"/> JUNIOR	<b>\$5.00</b> (child under 13yrs)
<input type="checkbox"/> ORDINARY	<b>\$10.00</b>

Please note: Membership is from 1 January to 31 December annually.

Please make cheques out to Oxenford and Coomera Community Youth Centre and mail to PO Box 755, Oxenford QLD 4210. Payment by cash or credit card (Mastercard and Visa) can be made at the Centre's Office between 9am – 3pm.

## OFFICE USE ONLY

Total Paid .....Receipt number.....Date.....

Approved YES/NO .....Committee meeting date.....

Signed..... Oxenford & Coomera Community Youth Centre Inc.