



Membership application

Personal details	First name	
	Last name	
	Date of birth	
	Or age category	18-25 26-35 36-49 50-69 70-84 85+
Home address	Street (and number)	
	Suburb	
	Postcode	
Contact details	Home phone	
	Mobile	
	Email (print clearly)	
Other information	Country of birth	
	Main language spoken at home	
	Do you identify as Aboriginal or Torres Strait Islander heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
	Do you identify as a person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Any special requirements:
	Areas of interest	

Membership entitles you to:

- Attend general meetings of the Association including the Annual General Meeting
- Apply to become a Board member
- Voting rights at the Annual General Meeting
- Contribute to planning of future directions for the House
- Opportunities for your voice to be heard in the local community



Vision, mission and values

Vision: A community where all people belong

Mission: We are an inclusive hub that engages the community in opportunities to connect and improve wellbeing

Values: Collaboration, Optimism, Inclusive, Responsive, Dynamic

By completing this membership form, you're confirming your support for our vision, mission and values and agreeing to follow the Vermont South Neighbourhood House (VSNH) Code of Conduct. You can access a copy of the Code of Conduct at our centre reception or on our website.

Photo consent

We sometimes take photos to use in VSNH publications such as our annual report, brochures, website and social media, to help share and promote our programs.

Do you give permission for photos that may include your image to be used in these publications? You're welcome to let the Manager know at any time if you wish to change or withdraw your permission. Yes No

Email communications

We share information with our members in lots of ways eg through flyers, noticeboards, signs, our website, social media, courtesy phone calls, SMS messages and face-to-face conversations at reception. Please advise staff of any changes to your email address so we can stay in touch.

Do you agree to be added to our email list to receive relevant updates? You're welcome to let the Manager know at any time if you wish to change or withdraw your permission. Yes No

Privacy statement

We collect personal information so we can run the House safely and effectively. Your details are handled in line with the Privacy Act, and we're required by law to keep your information secure and confidential.

By completing and signing this membership form, you're giving us permission to use your personal information for the purposes outlined in this Privacy Statement and our Privacy Policy, and in accordance with relevant privacy legislation.

Membership agreement

Yes, I have read and understand the above statements and conditions. I agree to support the vision, mission and values of the Association and to comply with the VSNH Rules of Association. On acceptance of my application, I consent to have my name added to the VSNH Register of Members.

Signature

Date

Office use only

Approved Yes No at Board meeting (date):