NEWMAN NEIGHOURHOOD CENTRE

Membership Enrolment Form

Welcome to the Newman Neighbourhood Centre. We hope you enjoy your visit and continue joining sessions in the future.

First Name: _____ Last Name: _____
Address: _____
Email Address: _____
Mobile: _____
Emergency Contact: Name: _____ Ph/Mobile: _____

The following information is to assist in compiling six monthly data summaries required by the Department of Local Government and Communities.

Family Structure:
+ Single **+ Married** **+ Other**
Your Age:
+ 20 – 29 **+ 30 – 39** **+40 +**
Cultural/Language Background:
+ English Speaking **+ English as second language** **+ Aboriginal** **+Torres Strait Islander**

Your children who will be using the centre (if they are between 6 months and 6 years may use the creche, please complete one 'Child Information Sheet' per child):

Name:_____ Male/Female: D.O.B. ____/___/___

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Name:_____ Male/Female: D.O.B. ____/___/___

What is your reason for attending the Newman Neighbourhood Centre?
+ New to town + To attend a workshop/course + Family Fun Craft
+ To meet new people + New mum's group/health nurse + Other
+ For Leisure/Hobby

Although the Newman Neighbourhood Centre is partially funded by the Department of Local Government and Communities, some of our running costs are covered by fundraising effort of the committee, staff and centre members. Would you be available to occasionally assist in fundraising projects?
+ Yes + No

Have you any skills you would be prepared to share? E.g. handyman, advisor/teacher for any kind of workshop. If so, please state below:
_____

- Please tick here if you would like to informed of upcoming committee meetings, AGM or have a counted vote.