MEMBER No. _____

MEMBERSHIP APPLICATION FORM

Application for Membership of Lakeside Rockers Gippsland Incorporated A0032941R

Applicant Details:

Full Name:	
Residential Address:	
Suburb:	Postcode:
Postal Address (if different):	
Email:	
Phone:	DOB (optional):

Membership Type:

⬜ Adult Membership

⬜ Child Membership (under 18)

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

MEMBER No. _____

Media Consent:

I understand that during club events, lessons, or social activities, photos or videos may be taken. I give permission for images or video recordings of myself to be used by Lakeside Rockers Gippsland Inc. for promotional purposes, including but not limited to newsletters, social media, websites, and advertising materials.

⬜ I give my consent

⬜ I do **not** give my consent

Declaration:

I, the undersigned, apply for membership of **Lakeside Rockers Gippsland Inc**. In the event of my admission, I agree to be bound by the rules and regulations of the Association and to uphold its values and objectives.

Signature of Applicant: _____ Date: _____

Name of Guardian: _____ Relationship: _____

Signature of Guardian: _____ Date: _____

Nominator:

Must be a current financial member of the Association aged 18 or over

Name: _____ Membership No:_____

Signature of Nominator: _____ Date: _____

For Office Use Only:

Date Received: _____ Approved by Committee on: _____

Member No: _____ Fee Paid: $_____ ☐ Cash ☐ Cheque ☐ EFT

Processed by: _____ Signature: _____