

Membership Application  Membership Renewal  DATE \_\_\_\_ / \_\_\_\_ /202

**APPLICANT'S DETAILS** [PLEASE PRINT CLEARLY] MEMBERSHIP No: \_\_\_\_\_

**Mr Mrs Miss Ms** Surname .....

Given Name(s) .....

Mailing Address .....

.....Post Code ..... STATE.....

Telephone ..... Mobile .....

Email ..... Date of Birth ...../...../.....

**Connection to ENB** .....

**Village** .....

**ANNUAL** Membership **\$10 FAMILY**  **\$5 INDIVIDUAL**  **PAID**

**\$10** Family (children under 18yrs) **\$5** Individual (+18yrs)

**Family Information** [PLEASE PRINT CLEARLY]

Partner Name ..... DOB ...../...../.....

CHILD Name ..... DOB ...../...../.....

CHILD Name ..... DOB ...../...../.....

CHILD Name ..... DOB ...../...../.....

CHILD Name ..... DOB ...../...../.....

**DECLARATION OF APPLICANT**

I, (signature of Applicant) ..... Certify that the information given by me is correct and hereby make application for membership of the ENB QLD Community Incorporated. I agree to be bound by, and conduct myself in accordance with, the respective constitution, by-laws, rules, policies and procedures of the ENB QLD Community Incorporated.

Your privacy is our priority. All personal information you have provided will help us process your application to become a member. ENB QLD Community Incorporated may use your information to communicate with you and inform you of activities and events.