

**FOR INDIVIDUAL MEMBERSHIP**

Title (Mr/Mrs/Miss): \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**FOR ORGANISATIONAL MEMBERSHIP**

Organisation/Association/Club/Church name:

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Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact Person \_\_\_\_\_

**POSTAL ADDRESS**

Same as above address

Address: \_\_\_\_\_

\_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**NEXT OF KIN (for Individual Membership)**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**AREA OF YOUR INTEREST**

Management

Board

Media & Marketing

Finance

IT & Website

Human Resources

**MEMBERSHIP APPLICATION FORM**

**REFERRAL**

**How did you hear about Further Hope Community Support Ltd?**

Friends/Family  Internet

Current Member

Other \_\_\_\_\_

**MEMBERSHIP**

I apply to be admitted as a member of:

\_\_\_\_\_

**I DECLARE**

The information provided is true and correct.

I agree to the BDA Constitution and its By-Laws.

**SIGNATURE:**

\_\_\_\_\_

**Privacy:**

By becoming a Member, you agree to us collecting, storing, using, and protecting personal information in accordance with our Privacy Statement