

Combined Probus Club of Manningham



Membership Application Form

I hereby apply for membership of the Combined Probus Club of Manningham

Surname & Initials (Mr. Mrs .Ms. Miss)..... First Name.....

Preferred Name Date of birth (day & month only)

Address..... Post Code.....

Email Address..... Telephone.....

Former vocation or field of interest :

Hobbies, sporting & other interest:

Emergency Contact: 1. Name..... Relationship:

Telephone:

Emergency Contact : 2. Name Relationship:

Telephone:

Are your wishes **Not For Resuscitation (NFR)**? If so, please sign here.....

*Defibrillator on site

Are your emergency contacts aware of your wishes? Please circle Yes No

Proposed by: Seconded by:

Phone: Phone:

Signature: Signature:

I agree to the concept of Probus and to take an active role in both attendance and participation of this club.

I understand that the information provided by this application, forms part of the requirements of membership I acknowledge that at some time during my membership, I may be called upon to take an active role on the Committee of Management.

Privacy Statement: Information given above is kept private and confidential and may only be used within the confines of Probus and shall not be used for any other purposes or made available to others.

Consent to Provide Personal Information: This club collects personal information for inclusion on the members register. The information is used for administration purposes and may be supplied to Probus South Pacific Limited and Victorian Probus if requested.

You consent to the inclusion of this information on the register.

Signature: Date:

CLUB USE ONLY Date Received: Approved by Committee on:

Monies Received: Membership badge ordered: