



Karana Downs Garden Club Inc.

C/- Mt Crosby Post Office
Mt Crosby Qld 4306

APPLICATION FOR MEMBERSHIP

Karana Downs Garden Club Inc is obliged to maintain a register of members under its constitution. The constitution requires that the register is open for inspection by members of the association. The personal details held are full name, address, contact phone numbers, email, birth date (excluding year) and year of joining. These contact details are used to disseminate information within the club.

The information contained within the register may not be used for advertising purposes without the approval of the association. If disclosure of your membership details would put you at risk of harm, you can apply to the Management Committee for details (other than your name) to be withheld from the register. Any member may see and verify/correct any information held on them by written or verbal request to the Secretary secretary@karanadownsgc.com.

You are required to complete the details below and return to the Secretary secretary@karanadownsgc.com so that your application for membership can be processed. Upon receipt of your application and approval by the Management Committee you will receive a form for payment which should be returned to the Treasurer treasurer@karanadownsgc.com. Your name badge will be presented at the next available general meeting of the club.

I consent to the Club retaining the following personal details on the Financial Members register.

CONFIDENTIAL INFORMATION

Full Name:

Address:

Phone: Mobile:

Email Address:

Birthday: (Day) (Month) I am over 18 years of age

National Privacy Principles – Privacy Amendment (Private Sector) Act 2000 applies

Health Information & Emergency Contacts – OPTIONAL

For health and safety reasons, the Club maintains a record of members' names, emergency contacts and any allergies or relevant medical conditions that the member thinks club officials need to be aware of in the event of an emergency.

Name of Emergency Contact:Relationship to you:

Emergency Contact Numbers:

Allergies (e.g. bee or wasp stings, nuts, anaphylactic shock - do you carry an EpiPen?):

Medical Conditions: (e.g. asthma, diabetes)
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CONFIDENTIAL INFORMATION

I agree to abide by the Constitution of the Karana Downs Garden Club Inc (available on request or at www.karanadownsgc.com).

Initials _____

I agree/do not agree (delete one) that photographs taken at Club events may be used in social media/club publicity activities.

Initials _____

Membership Fees (subject to change)

New Member:	\$17 annual fee
New Member Badge:	\$11
Monthly Meeting Fee:	\$ 3

Thereafter,

Continuing Member:	\$17 annual fee
Monthly Meeting Fee:	\$ 3

Public Liability

I am aware that the Karana Downs Garden Club Inc has public liability insurance of \$20,000,000 in any one occurrence.

Initials _____

Applicant's Signature: _____ **Date:** ____/____/20____

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Proposed by: Member name: Member signature:

Seconded by: Member name: Member signature: