

**MDSI Ltd**  
**Membership and**  
**Renewal of Membership**  
**Application Form**

**MEMBERSHIP NUMBER** (if known)

**SECTION 1: APPLICANT INFORMATION (please print in BLOCK LETTERS)**

TITLE	DR	MR	MRS	MS	MISS	OTHER:
NAME						
ORGANISATION						
MAILING ADDRESS						
EMAIL ADDRESS						
CONTACT NUMBER						

**SECTION 2: NEW MEMBER PROPOSER**

I, \_\_\_\_\_ being a member of  
 MDSI, nominate the above applicant for membership of the company.

Signature of Proposer: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: APPLICANT'S DECLARATION**

In applying for membership to Macarthur Diversity Services Initiative Ltd, I agree to be bound by the provisions of the Constitution of MDSI. I certify that the statements made by me in this application are true and correct. I acknowledge receiving a copy of the MDSI constitution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **SECTION 4: PAYMENT DETAILS** *(please tick the applicable box below, indicating your payment preference)*

Guarantee - a one off payment of \$10.00. See section 9.6 of MDSI Constitution

<input type="checkbox"/>	DIRECT DEBIT (ELEC TRANSFER) PAID TO Macarthur Diversity Services Initiative Ltd BSB: 062 256      Account Number: 10611762
<input type="checkbox"/>	CASH (Do not post / mail any cash)
<input type="checkbox"/>	CHEQUE / MONEY ORDER, MADE PAYABLE TO Macarthur Diversity Services Initiative Ltd.
<input type="checkbox"/>	<b>Guarantee Paid</b>

### **SECTION 5: PRIVACY POLICY**

By signing this form, I understand that:

- the personal information I provide, will only be used to assess my eligibility for membership, identify my contact details.
- all information I provide, will remain confidential, and handled by MDSI in accordance with the Australian Privacy Principles of the Privacy Act 1988;
- a copy of MDSI's Privacy Policy, is freely available to me upon my request;
- my information, may be filed in a variety of formats, including electronically, and in a paper file;
- my contact details, will be added to MDSI's distribution list, and from time to time they may send me communications in relation to MDSI Board and its activities;
- if I choose to add my name to MDSI's distribution list, I can have my details removed at any time by contacting MDSI

Printed Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THE COMPLETED FORM, AND ADVISE OF YOUR PREFERRED PAYMENT METHOD TO:**

Email to [info@mdsi.org.au](mailto:info@mdsi.org.au)

Mail to

**The Secretary**

**MDSI**

**PO Box 525**

**Campbelltown NSW 2560**

**Or deliver in person to**

Level 3, 171-179 Queen Street

Campbelltown NSW 2560

For all enquiries, please contact MDSI's Reception / Information Officer on telephone 0246271188 or via email [info@mdsi.org.au](mailto:info@mdsi.org.au) or you can visit our website at [www.mdsi.org.au](http://www.mdsi.org.au)

<b>SECTION 6: OFFICE USE ONLY</b>			
<b>Guarantee Paid</b>		<b>Receipt No.</b>	
<b>Membership No.</b>		<b>Copy of Constitution Received, Version</b>	
<b>Processed by – Employees Name and Signature</b>			