

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"/>	Guarantee Paid

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

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 or you can visit our website at www.mdsi.org.au

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