

1. APPLICANT INFORMATION *(please print in BLOCK LETTERS)*

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

2: NEW MEMBER PROPOSER

I, _____ being a member of *Focus

Connect, nominate the above applicant for membership.

SIGNATURE OF PROPOSER: _____

MEMBERSHIP NUMBER: _____ **DATE:** / /

3: APPLICANT'S DECLARATION

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

**Macarthur Diversity Services Initiative Limited trading as Focus Connect*

SIGNATURE: _____ **DATE:** / /

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

Guarantee - a one off, non-refundable, payment of \$10.00 *(see section 9.6 of the Constitution)*

DIRECT DEBIT (ELECTRONIC TRANSFER)

Macarthur Diversity Services Initiative Ltd.
BSB: 062 256 Account Number: 10611762

CASH *(do not send cash through the mail)*

CHEQUE/MONEY ORDER *(made payable to Macarthur Diversity Services Initiative Ltd.)*

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 and provide my contact details.
- All information I provide will remain confidential and handled by Focus Connect in accordance with the Australian Privacy Principles (APPs) under s28 (1) of the Privacy Act 1988. A copy of Focus Connects 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 information will be stored securely both in electronic and in hardcopy formats.
- My contact details will be added to Focus Connects distribution list, and from time to time, they may send me communications in relation to Focus Connect, the Board and its activities. I can have my details removed from the list at any time by contacting Focus Connect.

SIGNATURE: _____

DATE: _____

6. RETURN COMPLETED RENEWAL FORM TO:

Email to info@focusconnect.org.au

Mail to

The Secretary
 Focus Connect
 PO Box 525, Campbelltown NSW 2560

Or deliver in person to

Level 3, 171-179 Queen Street
 Campbelltown NSW 2560

For all enquiries contact Focus Connect on 02 46271188, or email info@focusconnect.org.au, or visit our website www.focusconnect.org.au

OFFICE USE ONLY			
Membership No.		Date Guarantee paid:	/ /
Receipt No.		Date renewal processed:	/ /
Date and Version No. of Constitution given to member	/ /	Version No.	_____
Processed by: employees name and signature			