

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. ONE-OFF MEMBERSHIP GUARANTEE

If your membership application is accepted by the Directors, your welcome letter will include payment details for a \$10 one-off guarantee but your membership will not be active and you will not be entered as a member until payment is received. Payment must be received within 90 days of your membership being accepted by the Directors or your application will lapse.

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
 3 Cordeaux 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			