



**South Port Day Links Inc.**

**Membership Application**

**Contact Details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

**Membership**

I, \_\_\_\_\_ of \_\_\_\_\_ wish to become a member of South Port Day Links Inc. (SPDL).

I understand that once formally endorsed as a member of the association by the SPDL Committee of Management:

- I am required to abide by the SPDL Rules of Incorporation (a copy of which will be forwarded to me);
- my membership will continue for a period of 2 years and should I not renew my membership, my membership will expire; and
- should I decide I no longer want to be a member of SPDL, I need to send a letter to the Chair of the Committee of Management resigning my membership.

Please send me a copy of the SPDL Newsletter on a quarterly basis: Yes / No

Please invite me to donate to fund raising activities for SPDL: Yes / No

**Privacy**

Protecting your privacy is important to us. Your personal information will be treated in accordance with the SPDL Privacy Policy (a copy of which can be found at <http://www.spdl.org.au/Privacy.html>).

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

**Office Use Only Do not Complete**

**Committee of Management Endorsement**

Member endorsed by Committee of Management:			Yes / No
Full Member	Yes / No	Associate Member	Yes / No
Date membership endorsed by Committee of Management	/	/	
Date membership expires	/	/	

**Return by post to: SPDL P.O. Box 199 Port Melbourne 3207**

<b>Office Use Only - Confirmation of Membership</b>	Letter sent confirming or not accepting membership	Yes / No
	Copy of constitution forwarded	Yes / No
	Member entered onto membership data base	Yes / No
	Membership renewal due date	/ /