



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 I can find on the SPDL web site);
- 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 which I have read and understood (a copy can be found on the SPDL our web site for your review).

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

Office Use Only - Confirmation of Membership	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	/ /