

Membership Form



New	Renewing
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Personal details

Surname	
Given names	
Residential address	
Postal address	
Email address	
Telephone	
Date of birth	

I, the undersigned, am an adult member of the Centre and wish to nominate the above candidate for membership of Riding for the Disabled Association Australia South West Centre Incorporated

Nominator name	Nominator signature
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Type of membership

Adult	
Provisional	

PRIVACY STATEMENT: Information acquired on this form is solely used to assess an applicant's suitability to become a member of Riding for the Disabled Association Australia South West Centre Inc. (RDAAASW) All information is kept secure & confidential and is not disclosed to third parties.

The information obtained is not used for any other purpose than stated above. RDAAASW does not sell, rent, lend or give away its member list. RDAAASW actively seeks to ensure that all personal information is protected from misuse, modification, disclosure or unauthorised access. Individuals may request to view any personal information held by RDAAASW. For further information regarding RDAAASW's Privacy Policy contact admin@rdaasw.org.au

CONDUCT: I agree to abide by the rules and regulations of RDAAASW as set out in its Constitution and their Policies and Procedures.

Acceptance and signature: All the information provided by me on this form is accurate and true. I have read and accept those sections relating to conduct and privacy. I acknowledge and accept that RDAAASW's decision to accept or not accept my application is at the Centre's discretion and is final.

Signed	Date
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OFFICE USE:

Membership presented at Board meeting Y / N

Membership fee paid Y / N

Method EFT / EFTPOS

Membership accepted Y / N

Date: Signature:

5.3.22 Membership Application Form

Riding for the Disabled Association Australia South West Centre Inc.

744 Bussell Highway, GELORUP WA 6230

Please email your completed application to: volunteer@rdaasw.org.au