

Terrigal 50+ Leisure & Learning Centre

<u>Membership Application – 50⁺ Leisure & Learning Centre</u>

Aim: To provide a safe, secure, and social environment,

which respects the rights of individuals to a fulfilling and enhancing experience PLEASE PRINT CLEARLY

Date:				
Surname:	First	First Name:		
Male/Female (circle) Email address	5			
Address:				
Suburb			Postcode	
Contact Number:				
Date of Birth:				
In Case of Emergency:				
Special Medical Conditions (e.g., Diab	etes, Epilepsy, Heart Co	ondition)		
Relative/Friend to Contact:				
Relationship:				
Contact Number:				
How did you hear about our Centre	Print media Electronic media Word of mouth			
Would you be interested in volunteer	Other ing at this Centre?	Y		

Conditions of Membership

- 1. Attire must be neat, tidy, and appropriate always. Singlets, bare feet, thongs, or soiled clothing are not permitted.
- 2. Smoking/and or vaping is not permitted within Centre building.
- 3. Individuals have responsibility for their own health and safety and personal property.
- 4. The canvassing for petitions by members will not be allowed.
- 5. No verbal or physical abuse of members, other users or staff will be tolerated. This includes comments regarding religion, race, sex, age, or disability.
- 6. Issues regarding the care and maintenance of Centre building and equipment are to be taken up either with the Management Committee and are not to be dealt with directly by members or other users.
- 7. Members who are found to be intoxicated or exhibit anti-social behaviour will be required to leave the premises immediately.
- 8. No animals, except guide dogs or animals trained for people with disabilities, are to be brought into the Centre.
- 9. The Centres phones can only be used if payment is received.

Agreement

I understand that if I break any of the conditions outlined above, I could have my membership temporarily or permanently terminated according to the procedures for termination of membership.

I also understand that:

- (a) I have the right to lodge a grievance against a Centre policy, procedure, or staff member without fear of recrimination.
- (b) Information regarding me will be kept confidential.
- (c) I have the right to access all services and activities provided at the Centre.

Date:	Signature:
Witness:	Receipt No: