

## **Probus Club Membership Application Form – Australia**

I hereby apply for membership for the Belmont Probus Club:-

Title:Surname:		Given Names:
Preferred Name on Badge:		pouse/Partner Name:
Date of Birth//	_Email Address:	
Address:		Postcode:
		Former Vocation:
		rofflier vocation.
Trobbies, Sporting & Other Interests	•	
Partners Anniversary Date (if relevan	nt)/	Are you a JP? Yes No
Partner Date of birth/		
In case of emergency, please contact	t:	Relationship:
Emergency Contact Telephone:		Mobile:
(The Emergency Contact person shoul	d not be a member of the Club)	
I agree to be bound by the provision my attendance and participation.	s of the Club's constitution, by-laws and/or sta	anding resolutions and agree to take an active role in the Club through
	ovided in this application will be used to asses any of the above information is not provided.	s my application and maintain my membership. I understand that my
3. I acknowledge that at some time dur	ng my membership, I may be called upon to	ake an active role on the Management Committee.
<ol> <li>I consent to my name, address, telep the Club.</li> </ol>	none number and email address being include	ed in the 'Directory of Members' to be distributed only to members of
5. I understand that I may access any po	ersonal information the Club holds about me	ipon request.
South Pacific Limited (PSPL). I unders can be viewed at <a href="https://www.probussouthpac">www.probussouthpac</a>	tand that this information may be used, held a	ation provided in this application form being provided to Probus and disclosed by PSPL in accordance with the PSPL Privacy Policy which By signing this form, I acknowledge that I have read and agree to the
I understand that the minimum information required by PSPL is my first name and last name and that it is my responsibility to advise the Club Secretary in writing if I do not want PSPL to hold any of the additional information in this application form or I do not wish to be contacted by PSPL.		
I understand that PSPL's National Insurance Program provides Public Liability Insurance of \$20 million and that a summary of the coverage, which is subject to terms, conditions and limitations, is available through the Club Secretary or the PSPL website.		
	ning this application form, I consent to the pu	nbers on their websites, in newsletters and on social media to promote blication of such photographs and videos unless I have advised the Club
10. I agree to receive digital Probus publ	ications from PSPL, which I can unsubscribe fr	om at any time.
Applicant's Signature <u>:</u>		Date:
Sponsored by:	Signature:	Date:
Sponsored by:	Signature:	Date:
CLUBUSE ONLY Date Rece	ived: A	oproved by Committee on:

Monies Received: \_\_\_\_\_\_Membership badge ordered: \_\_\_\_\_