

Probus Club Membership Application Form – Australia

l he	ereby apply for membership for the	Probus Club of <u>FLAGSTAFF HILL (ME</u>	<u>N) NO. 50002</u> (the Club)	
Titl	e:Surname:		Given Names:	
Preferred Name on Badge:Spouse/Partner Name:			oouse/Partner Name:	
Da	te of BirthE	nail Address:		
Ad	dress:		Postcode:	
			Former Vocation:	
	, i 3 <u> </u>			
In case of emergency, please contact:			Relationship:	
Emergency Contact Telephone:			Mobile:	
(Th	e Emergency Contact person should no	ot be a member of the Club)		
1.	I agree to be bound by the provisions of the Club's constitution, by-laws and/or standing resolutions and agree to take an active role in the Club through my attendance and participation.			
2.	I understand that the information provided in this application will be used to assess my application and maintain my membership. I understand that my application may not be processed if any of the above information is not provided.			
3.	I acknowledge that at some time during my membership, I may be called upon to take an active role on the Management Committee.			
4.	I consent to my name, address, telephone number and email address being included in the 'Directory of Members' to be distributed only to members of the Club.			
5.	I understand that I may access any personal information the Club holds about me upon request.			
6.	Unless advised otherwise in accordance with point 7 below, I consent to the information provided in this application form being provided to Probus South Pacific Limited (PSPL). I understand that this information may be used, held and disclosed by PSPL in accordance with the PSPL Privacy Policy which can be viewed at <u>www.probussouthpacific.org</u> or by clicking <u>here</u> (online access only). By signing this form, I acknowledge that I have read and agree to the terms of the PSPL Privacy Policy.			
7.	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.			
8.	I understand that PSPL's National Insurance Program provides Public Liability Insurance of \$20 million and that I can access a summary of this coverage through the Club Secretary or the PSPL website.			
9.	I understand that the Club and/or PSPL may publish photographs or videos of members on their websites, in newsletters and on social media to promote the Club and Probus generally. By signing this application form, I consent to the publication of such photographs and videos unless I have advised the Club Secretary in writing that I do not consent to such publication.			
10.	l agree to receive Active Retirees pu	agree to receive Active Retirees publications from PSPL, which I can unsubscribe from at any time.		
Ар	plicant's Signature <u>:</u>		Date:	
Sp	onsored by*:	Signature:	Date:	
Sponsored by*:Signat		Signature:	Date:	
* ME	EMBERSHIP APPLICATIONS MUST BE SPONSO	RED BY TWO FINANCIAL MEMBERS OF THE CL	UB. FOUNDATION MEMBERS OF NEW CLUBS DO NOT REQUIRE SPONSORS.	
Γ	CLUB USE ONLY Date Received:Approved by Committee on:			
	Monies Received:	Member	ship badge ordered:	

A copy of this completed form should be sent to PSPL at general@probussouthpacific.org