

DONALD SIMPSON COMMUNITY CENTRE

Where life begins again

Membership Application Form ABN 35 010 723 421

ACN 010 723 421

Surname:					
Given Name:	Gender: M F				
Home Address & Postcode:					
Date of Birth:					
Email:					
Home Phone:	Mobile:				
Emergency Contact Person (Name):					
(Number):					
How did you hear about Donald Simpson Centre? Please tick all relevant.					
Community Newspaper Facebook Referral Renewal					
Outdoor Sign Shopping Centre Signs OTHER					
Activities you would like to be involved with:					
Optional Purchases:					
a) Would you like to purchase a special DSC name badge from price \$7.50? YES NO					
b) Would you like to purchase a Donald Simpson Centre T-Shirt for \$25.00? YES NO					
If Yes, the size required for MALE (&/or) Size for Female					
c) As we are a non-profit organisation, every small contribution goes a long way. Hence, would					
you like to make a one off Donation toward	s the centre? YES NO				
If Yes, the amount you would like to donate .					

I hereby certify that the information provided is correct and I agree to be bound by the Constitution and rules of the Donald Simpson Community Centre. Any fees paid is non-refundable. I understand that there are risks involved in any activity I undertake at the Centre and I do not hold the Centre responsible for any injury, damage or loss, in respect of my personal or property, for any reason whatsoever.

Name:	D	ate:	Signatı	ure:
OFFICE USE ONLY	New Membership	Money Received:		All details entered in database:
	Renewal	Membership Card G	iven 🗌	Membership NO:

Privacy Policy

Donald Simpson Community Centre collect only information that is necessary for the purpose of managing a client database and to accordingly provide appropriate services to members. The company collects information that is lawful and is bound by the Australian Privacy Principles.

All Mail To:- PO Box 977 Cleveland, QLD. Phone (07) 3821 1089. Fax 3821 6833. www.donaldsimpsoncentre.com.au contact@donaldsimpsoncentre.com.au