



**PORTARLINGTON NEIGHBOURHOOD
HOUSE**
Registered User Form ~ 2018

28 Brown Street, Portarlington
Email: enquiry@portnh.org.au Website: www.portnh.org.au
Telephone: 5259 2290

Family Name: _____ Given Name: _____

Address: _____

Suburb: _____ Postcode: _____

Home Telephone: _____ Mobile Telephone: _____

Date of Birth: (optional) _____ Age: _____

Emergency Contact Name: ----- Emergency Contact No. -----

Please Circle:

Female

Male

New Member

Renewal

Email: _____

Current Occupation: _____

If retired, previous occupation _____

Interests _____

Skills _____

Special Needs (e.g.: hearing impaired) _____

In attending activities & events I give permission to use photos that I may appear in on the Neighbourhood House website and in promotional materials: YES / NO

I would like my Email address to be my preferred form of contact. Yes No

I would like to be a voting member and attend Special meetings and The Annual General meeting.
Yes No

COST: \$10.00

User's Signature: -----

Office Use Only:
-Entered on Database-
By

Please sign

Rec No: