

Goolwa Community Centre Incorporated Membership Form 2026/2027

Applicant Details

First Name: _____ Surname: _____

Postal Address: _____

Home Phone: _____ Mobile: _____

Date of Birth: _____ Email: _____

Membership Agreement

As a member of Goolwa Community Centre Inc, I agree to abide by the rules of the association. I also acknowledge my responsibility to RSVP to the Annual General Meeting and declare that the information provided by me is true and correct.

Signature: _____ Date: ____/____/____

I would like to subscribe to the mailing list to receive newsletters, term programs etc.

Membership Fees - \$20 per year

<input type="checkbox"/> Option 1: EFT	Account Name: Goolwa Community Centre BSB: 633 000 Account Number: 154 799 886 Reference: Your Surname, Initial and word 'Membership' Example: SMITH J MEMBERSHIP
<input type="checkbox"/> Option 2: Cash or credit card payment at Goolwa Community Centre	Goolwa Community Centre 25 Cadell Street Goolwa Phone: 8555 3941
<input type="checkbox"/> Option 3: By phone, credit card payment	Payment can be made Monday to Friday 9am - 3pm

Membership Forms

Membership forms can be:

- Submitted in person at the Goolwa Community Centre
- Emailed to business@goolwacommunitycentre.org.au
- Mailed to Goolwa Community Centre, 25 Cadell Street Goolwa SA 5214

Privacy

We are committed to handling your personal information in a strictly confidential manner. You can request a copy of our Information Management Policy from Goolwa Community Centre at admin@goolwacommunitycentre.org.au or by phoning 8555 3941.

GCC Use Only

Date form received: ____/____/____ Recorded by: _____

Date payment received: ____/____/____ Recorded by: _____

Date database updated: ____/____/____ Recorded by: _____