



**\*You can take out / renew membership online!\***  
**Go to [www.thearkcentre.org.au](http://www.thearkcentre.org.au) and click**  
**Become a Member (top left)**

Auburn Road Centre Inc. ABN 51 072 960 296  
 7 Cato Street, East Hawthorn VIC 3123  
[office@arkcentre.com.au](mailto:office@arkcentre.com.au) (03) 8658 4044

# MEMBERSHIP FORM 2020-2021 / 5781

## MEMBERSHIP RENEWAL:

Please nominate which type of membership you are renewing, any additional donation you wish to make, complete the preferred payment method and contact details for the primary contact person sections. Sign, date and return the form. If any of your preferences or contact details have changed please complete the applicable fields.

## NEW MEMBER:

If you are taking out membership for the first time please complete this form in full.

**Once complete please post to the office or scan & email to [office@arkcentre.com.au](mailto:office@arkcentre.com.au)**

## SECTION 1: MEMBERSHIP TYPE

Membership 2020 - 2021 / 5781	Cost	Quantity	Total
Household Membership	\$1500		
Individual Membership	\$500		
Membership 'Pay it Forward' Donation			
Security Donation			
<b>TOTAL</b>			

## SECTION 2: PREFERRED PAYMENT METHOD

Cheque (please make cheques payable to: **Auburn Road Centre Inc.**)  
 EFT (Bank: NAB, Acct Name: Auburn Road Centre Inc., BSB: 083-088, Acct No: 75407-5914. Write surname & "m'ship" in description)  
 Credit Card (Note - will incur a 2% processing fee)  
 VISA    MasterCard   Expiry: ...../.....  
        

In the name of:  
 .....

Signature:  
 .....

If you would like a confidential discussion regarding membership fees please email [davidm@arkcentre.com.au](mailto:davidm@arkcentre.com.au)

## SECTION 3: PRIMARY CONTACT PERSON

Surname \_\_\_\_\_ Given name(s) \_\_\_\_\_

Hebrew name \_\_\_\_\_ ben/bat \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

SECTION 4: ADDITIONAL HOUSEHOLD MEMBERS

<b>Member 2</b>	
Surname _____	Given name(s) _____
Hebrew name _____ ben/bat _____	Date of Birth _____
Home Phone _____	Mobile Phone _____
Email _____	
<b>Member 3</b>	
Surname _____	Given name(s) _____
Hebrew name _____ ben/bat _____	Date of Birth _____
Home Phone _____	Mobile Phone _____
Email _____	
<b>Member 4</b>	
Surname _____	Given name(s) _____
Hebrew name _____ ben/bat _____	Date of Birth _____
Home Phone _____	Mobile Phone _____
Email _____	

If you have additional family members you wish to join, please provide additional details on a separate sheet and return along with this form

SECTION 5: ADDITIONAL INFORMATION

<p>Check this box if you <b>DO NOT</b> wish to be included on email newsletter</p> <p>Would you like to go on our volunteer database? If yes, please specify which members(s) _____</p> <p>I have CSG/PSG/SPT Training. If ticked, please specify which member(s) _____</p> <p>I would be happy to assist in the occasional security shift at ARK Centre _____</p>
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SECTION 6: USE OF PHOTOGRAPHY

I I **DO NOT** consent to images taken at ARK Centre of myself and members of my household to be used for marketing/PR purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_