

HIBISCUS COAST WRITERS INC MEMBERSHIP APPLICATION FORM

NAME (please print) _____ Miss Mrs Ms Mr

PHONE: Home: _____ Business: _____

Mobile: _____ E-MAIL: _____

ADDRESS: _____

POSTAL ADDRESS (if different from above): _____

OCCUPATION: _____

WRITING INTERESTS: _____

Have you belonged to any other writing groups? YES, where: _____ / NO

EMERGENCY CONTACT (Name, phone no, e-mail): _____

Please circle YES if you agree and NO if you do not agree to any of the following items being added to the Club Register, and sign.

1. Telephone number(s): YES / NO 2. Address: YES / NO 3. E-mail: YES / NO

I (name) _____ hereby consent to the above items marked YES being added to the Membership Register of the Hibiscus Coast Writers. Name, phone number and e-mail address will only be given out to Executive Committee Members. This conforms to the requirements of the Privacy Act.

SIGNED: _____ DATE: _____

This section to be completed by the Secretary.

Application approved by the committee _____ Date _____

Signed
(Secretary) _____ Date _____

- Passed from Greeter to Secretary
Passed from Secretary to Treasurer
Passed from Treasurer to Factotum
Passed from Factotum to Newsletter sender outer
And back to Treasurer for filing