



North East Multicultural Association

The Voice of Multiculturalism in North East Victoria

Suite 3, 90-100 Ovens St, Wangaratta.

Ph: (03) 5721 5490 Email: nema@nema.org.au

Website: www.nema.org.au

Membership Application Form

NAME: (Family) _____ (Given) _____

PHONE: (HOME) _____ (MOBILE) _____

EMAIL: _____

ADDRESS: _____ POSTCODE _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

Do you speak languages other than English? YES NO

If yes, what other languages do you speak? _____

I agree to my photo/video being used in any media YES NO

Are you interested in English Lessons? YES NO

Do you have any Children under 18 years of age? (Use the back if more than three) YES NO

Child Name: _____ Date of Birth _____

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Are there any health issues/Medical conditions/restrictions that you would like us to know about in case we need to contact your Doctor, your family, or emergency medical services on your behalf? YES NO

If yes, please provide information (including medications and doctor's contact information) on a separate sheet of paper with your application. This will be kept confidential.

EMERGENCY CONTACT PERSON:

NAME: _____

RELATIONSHIP: _____ CONTACT NUMBER: _____

SIGNATURE: _____ DATE: _____

Banking Details: N.E.M.A. Inc BSB 633 000 Account # 160600987 Please include your name.

OFFICE USE ONLY: \$20 ANNUAL MEMBERSHIP FEE PAID? Staff initial: _____ Date: _____