

## Membership Application

First Name *(Please print):*

Family Name *(Please print):*

I hereby apply for membership of Mapleton and District Community Association Inc (MADCA), and by signing this application form, I agree to abide by the constitution of the MADCA.

I understand that I may be contacted from time to time by the association by email and I confirm that the information I have provided is correct.

Date:

Signature:

### Applicant's Details

Residential address *(Please print):*

Postal address *(If different) (Please print):*

Contact telephone:

Mobile:

Email:

1. MADCA Inc has public liability cover to the value of \$20 million.
2. The MADCA collects your data so that we can process your membership and email you with news, updates, and information about the MADCA, our projects, community news and events. You have the right to unsubscribe from email contact at any time, but this will mean you no longer get news, updates, and/or information from us.

**No. Please unsubscribe me. I do not wish to receive any emails from the MADCA.**

**Yes, I would like to receive the Community newsletter, Community Connect.**

3. Your personal details will remain confidential and will not be disclosed or used for any other purpose other than those specified above unless required to do so by law.
4. The MADCA will keep your personal data until either you cancel your membership, it is cancelled, or it expires. Your MADCA membership will be considered ongoing until your written resignation of your membership has been received. You have the right to access and correct your personal data at any time.

#### Office Use Only:

Date of acceptance:

Ratified at General Meeting:

Register of Members:

Signature:

Administration Notes: