

ORGANISATIONS - APPLICATION FOR MEMBERSHIP Government & Non-Government Organisations, Community Group & Business For the financial year ending 30 th June _____ Banana Shire Council ABN: 85946116646			
CATEGORY	<input type="checkbox"/> Sole Staff User <input type="checkbox"/> 2-4 Staff Users		
	<input type="checkbox"/> 5-9 Staff Users <input type="checkbox"/> Community Group		
	<input type="checkbox"/> 10 or More Staff Users		
DETAILS	Organisation:		
	Postal Address:		
	State: <input type="text"/>	Postcode: <input type="text"/>	
	Email: <input type="text"/>		
	Daytime PH: <input type="text"/>	Contact Person: <input type="text"/>	
MEMBERSHIP ENTITELMENTS	Annual membership to the CRC entitles the member to: <ul style="list-style-type: none"> Borrow 10 items/resources per month. Hire/utilise CRC rooms and facilities. Reduced charges relating to many services supplied at the Centre. 		
COST INFORMATION	Your membership fee and/or services will be charged as per the current Banana Shire Council Rates and Commercial Charges and Regulatory Fees. Contact CRC or visit Council's website for the latest Fees & Charges list. All prices are inclusive of GST.		
TERM AND CONDITIONS	<input type="checkbox"/> On behalf of the Group/Organisation/Business, I accept the terms and conditions outlined for membership to the Community Resource Centre.		
	<input type="checkbox"/> I accept liability for all items/resources borrowed from the CRC through this membership and acknowledge that reimbursement will be required if they are lost, broken or returned in an unusable condition.		
	<input type="checkbox"/> I accept liability for the use equipment, fixtures, fittings and the building whilst at the CRC and acknowledge that reimbursement will be required if damage is sustained to any or all of these.		
	<input type="checkbox"/> I will leave the CRC in the same clean and tidy state in which it was found, and acknowledge that reimbursement will be required if additional cleaning has to be undertaken.		
	NAME: <input type="text"/>	SIGNATURE: <input type="text"/>	DATE: <input type="text"/>
	Please return this Membership form to the CRC with payment via		
EMAIL: crc@banana.qld.gov.au			
PAYMENT OF INVOICE	Phone: <input type="text"/>	(07) 4992 9500	
	Post: <input type="text"/>	Banana Shire Council, PO Box 412 Biloela QLD 4715	
	In Person: <input type="text"/>	Banana Shire Council, 62 Valentine Plains Road, Biloela	
	Further Information – Community Resource Centre (CRC) – (07) 4992 7360		

DETAILS	Please provide names of all staff members included in your membership payment and return this form to the CRC with your Organisations Membership form. An invoice can be generated upon receipt.			
	STAFF MEMBER #1 – CONTACT DETAILS			
	Discipline:	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Speech Language	<input type="checkbox"/> Occupational Therapy
	<input type="checkbox"/> Other (Please Specify):			
	Family Name:		Given Name:	
	Phone:		Mobile:	
	Email:			
	STAFF MEMBER #2 – CONTACT DETAILS			
	Discipline:	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Speech Language	<input type="checkbox"/> Occupational Therapy
	<input type="checkbox"/> Other (Please Specify):			
	Family Name:		Given Name:	
	Phone:		Mobile:	
	Email:			
	STAFF MEMBER #3 – CONTACT DETAILS			
	Discipline:	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Speech Language	<input type="checkbox"/> Occupational Therapy
	<input type="checkbox"/> Other (Please Specify):			
	Family Name:		Given Name:	
	Phone:		Mobile:	
	Email:			
	STAFF MEMBER #4 – CONTACT DETAILS			
	Discipline:	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Speech Language	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Other (Please Specify):				
Family Name:		Given Name:		
Phone:		Mobile:		
Email:				
STAFF MEMBER #5 – CONTACT DETAILS				
Discipline:	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Speech Language	<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Other (Please Specify):				
Family Name:		Given Name:		
Phone:		Mobile:		
Email:				
Please copy this page if your organisation has more than five (5) staff member users				
PRIVACY NOTICE	Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the <i>Information Privacy Act 2009</i> .			
OFFICE USE ONLY	<input type="checkbox"/> Updated/Entered into Library System	<input type="checkbox"/> Card Issued	<input type="checkbox"/> Updated/Added to Email Distribution List	