#### Membership Application Form

To: The Company Secretary, Guide Dogs NSW/ACT, level 1, 7-9 Albany Street

 St Leonards NSW 2065

I, (Preferred tile) Mr. / Mrs. / Miss / Ms. / Dr:

of address:

Phone number:

Occupation:

Email address:

I acknowledge that membership is renewed every three years.

Please attach a brief biography and/or some background regarding your association with Guide Dogs NSW/ACT and how you can contribute to the organisation’s success. Please include the reason you wish to apply for membership. This information will be taken into account when the Board considers your application.

In the event of my application being accepted, I undertake to abide by Guide Dogs NSW/ACT’s Constitution governing the admission of Members (available from the Company Secretary by emailing Company.Secretary@guidedogs.com.au) and to pay the $10 subscription with renewal due every three years. I am over 18 years of age.

Signature of applicant:

Date:

#### Proposer

This membership application is proposed by:

Mr. / Mrs. / Miss / Ms. / Dr:

of address:

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

Please note: Proposers must be existing Members of Guide Dogs NSW/ACT

#### Seconder

This membership application is seconded by:

Mr. / Mrs. / Miss / Ms. / Dr:

of address:

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

Please note: must be existing Members of Guide Dogs NSW/ACT

#### Acceptance by Board Chairman

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

Date:

#### Preferred method for receipt of information

Your full name:

As a member you will receive updates and important documents via email so it is important that you keep your details up to date.

Electronic communications are the most cost-effective way of keeping you informed and this means that valuable donor dollars are used for our clients.

If you wish to receive a copy of the Statutory Financial Statements please check the box [ ]

If you do not have an email account and wish to receive Notice of Meeting in a paper format please check the box. [ ]

My email address is:

My mailing address is:

Please complete and return this form with your membership application to: members@guidedogs.com.au.

#### Collection Statement

Guide Dogs NSW/ACT collects personal information when you interact with us. This assists us in fulfilling our mission to provide services, process donations and keep you informed about our work. Please refer to our [Privacy Statement](https://nsw.guidedogs.com.au/privacy-policy/) for more information about how we hold, use and disclose your personal information. If have questions about our Privacy Statement, or how we treat your personal information, please contact our Privacy Officer by email privacy@guidedogs.com.au or phone 02 9412 9300.