

Membership Form

A place for all to connect, learn and contribute

Title (circle) Mr Mrs Miss Ms Other	Gender MALE FEMALE OTHER	Membership Full Assoc
First Name		
Surname		
Residential Address		
Postal Address If different from above		
Phone number (prefer mobile)		
Year BORN (for statistical purposes only)		

Email Address (PLEASE USE CAPITALS)

EMERGENCY CONTACT (MUST BE COMPLETED)	Name	Mobile
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HOW DID YOU HEAR ABOUT PNH?.....

I agree (please tick to agree) -

that I will comply with and support PNH rules, policies and purposes, including compliance to PNH values and Code of Conduct	
to have all official PNH notifications sent to me by email and will not unsubscribe to the PNH mailing list	
to notify PNH if my residential address, email address, or phone number is changed	
to allow PNH to take photographs of me during an activity or event in which I am a participant, and use those images for publicity purposes	

*****PLEASE CONFIRM THESE DETAIL ARE CORRECT BY SIGNING BELOW*****

M/SHIP YEAR	DATE PAID	MEMBER'S SIGNATURE	C OR E	RECEIPT NUMBER	FILM SOCIETY MEMBER	SOCIAL PLANET	MAIL CHIMP
2024							
2025							
2026							
2027							
2028							

C for CASH, E for EFTPOS

*****Parents/Guardians of Associate Members turn over page *****

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Related Associate Member details:

Is this adult member connected to member(s) under the age of 15 years that are Associate members of PNH?

Assoc Name:	
Assoc Name:	
Assoc Name:	
Assoc Name:	
Assoc Name:	