



# The Waverton Hub Membership Application 2023-2024

Name: \_\_\_\_\_ Date of birth: / / \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to receive newsletters and other information from the Hub by Post:

Email OR Post (only if no email)

**Emergency contact:** (a relative or friend who should be contacted in an emergency)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_

**(Optional to complete) – The Hub activities that interest me are:**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/>                   | <input type="checkbox"/> Games Day    | <input type="checkbox"/> Speakers        |
| <input type="checkbox"/> Book Club         | <input type="checkbox"/>              | <input type="checkbox"/> Tai Chi         |
| <input type="checkbox"/> Boules            | <input type="checkbox"/> Iyengar Yoga | <input type="checkbox"/> Theatre Outings |
| <input type="checkbox"/> Exercise Classes  | <input type="checkbox"/> Qi Gong      | <input type="checkbox"/> Walking Groups  |
| <input type="checkbox"/> Safari-excursions | <input type="checkbox"/> Singing      | <input type="checkbox"/> Zumba           |

**Membership types and fees to 30 June 2024. Please select:**

- |  |  |
|--|--|
| <input type="checkbox"/> \$40 per Member (aged 18 years or over) | <input type="checkbox"/> \$10 for Full Commonwealth Pension Recipients         |
| <input type="checkbox"/>   | <input type="checkbox"/> If joining from 1 April, (15 mths' m'ship – see over) |

**I wish to pay by:**

EFT (Electronic Funds Transfer) to

- Account name: The Waverton Hub Inc.
- BSB: 032 298
- Account no. 363 037

**Payment amounts:**

Membership: \$ \_\_\_\_\_  
Donation: \$ \_\_\_\_\_ (much appreciated)  
Total \$ \_\_\_\_\_

1. Please make sure you put your name in the *reference field* when paying by EFT.

2. Make sure that you have read and SIGNED the other side of this page.

3. **SEND THE COMPLETED AND SIGNED FORM TO:** Or Scan both sides of this Form and email to:  
The Waverton Hub, 75 Bay Road, Waverton, NSW 2060 **wavertonhub@gmail.com**



# The Waverton Hub Membership Application 2023-2024

The Waverton Hub Inc. (Waverton Hub) is a not-for-profit incorporated association (INC1 300564) founded in 2013 by residents of Waverton, Wollstonecraft and nearby neighbourhoods. It is a member-developed and member-driven organisation supporting local residents to safely and successfully continue to enjoy life in their own homes as they age. Persons over the age of 18 are eligible to join the Waverton Hub.

## Membership fees

**Annual fees are to be paid by 1 July. The membership year runs from 1 July to 30 June. If you join after 1 April and pay the full year membership rate (i.e. \$40 or \$10) you will receive 15 months' membership through to 30 June 2024.**

As a Waverton Hub member you are entitled to the benefits of membership.

The Waverton Hub acts on behalf of its members to identify the activities and services needed to strengthen community and help members to remain socially connected and supported.

As a member:

- I agree to abide by the Waverton Hub Guiding Principles and Code of Conduct.
- I release and discharge the Waverton Hub from all responsibility or liability for and associated with services rendered by the Waverton Hub, any authorised providers and other members. This release and discharge includes any costs, expenses or damages (including liability arising as a result of the Waverton Hub's negligence) for any direct, indirect or consequential expenses, losses, damages or costs, loss of profit, lost revenue, incurred or suffered by or awarded against me.
- In choosing to participate in activities offered to members of the Waverton Hub, I am aware that I may become exposed to risks that could lead to injury, illness, death or to loss of or damage to my property. To minimise these risks I will endeavour to ensure that the activities are within my capabilities, and that I am carrying appropriate equipment for the activity. I will advise the activity leader if I am taking medication or have physical or other limitations that might affect my participation in the activity.
- I agree that if I do not abide by these conditions, the Waverton Hub may cease my membership.

By signing this form I acknowledge that:

- I have read, understood and accept the contents of this agreement; and
- I understand that it will become binding on me when I sign this form.

Signature

[Print name]

Date:

The Waverton Hub has a privacy policy which covers the information you give when you fill out this form. It will only be used to send you notices and other communications, including about activities and services. If you would like further information, please see [www.wavertonhub.com.au](http://www.wavertonhub.com.au) for our Guiding Principles, Code of Conduct, Rights and Responsibilities and Privacy Policy which describe how we collect, use and disclose your information.

If you have any questions about anything on this membership form or would like a copy of any of these documents posted to you, please contact us by:

- Email to: [wavertonhub@gmail.com](mailto:wavertonhub@gmail.com);
- Post OR by hand to: 75 Bay Road, Waverton, NSW 2060.

Please make sure that you have completed the form on the other side of this page.