



LATROBE VALLEY EISTEDDFOD TRARALGON INC.

Membership Application and Renewal form

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Part A

I wish to:

Renew my membership

or

Become a member of the Association

and agree to the following (which are available on the Eisteddfod's website- lve.org.au):

- A. Support the purposes of the Association; and
- B. Comply with the Constitution of the Latrobe Valley Eisteddfod Association; and
- C. Maintain a valid *Working With Children Check* card that has been linked to the Latrobe Valley Eisteddfod; and
- D. I have read, understood and agreed with the Association's:
 - a. Code of Conduct; and
 - b. Child Safety and Wellbeing Policy and Procedures

SIGNATURE: _____ DATE: ____ / ____ / _____.

Part B: (over page)

Part B: For new Membership application only:

Please provide the name and contact details of two referees we can contact to discuss your application. An executive Committee member will contact your referees to discuss your application for the purpose of assessing your suitability in an eisteddfod environment. The information will remain confidential and will only be kept for as long as it is needed and then will be securely destroyed.

Referee #1: _____

Referee #2: _____

Office Use Only:

- Contact details recorded in Membership register
- Membership dues paid
- Added to email listing/s
- Confirmed copy of Working With Children Check Card filed and linked to Eisteddfod.