



Migrant Development Program

A program by the Neighbourhood Centre Maryborough Inc.

25 Ellena Street (P.O. Box 689) Maryborough QLD 4650

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Application for Membership

Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Date of birth: _____ Marital Status: _____

Country of Origin: _____

Spouse/Partner's Name: _____

Spouse/Partner's Nationality: _____ Spouse/Partner's contact #: _____

Do you have any children? NO YES (if yes, how many?) _____

How did you find out about the Migrant Development Program? _____

What do you want to get/achieve out of the Program? _____

Do you need your overseas qualification recognized? YES NO

Would you like to be a volunteer in our Migrant Support Network? YES NO

If yes, what kind of support are you able to provide?

- Support in translation (unaccredited)
 - Provide a buddy/social support to other migrants
 - Support the centre in promoting events about cultural diversity
 - Provide English language mentoring to fellow migrants
 - Others (please specify): _____
- What is your native language? _____

Membership to the Migrant Development Program (MDP) qualifies you to also be a member of the Maryborough Neighbourhood Centre (with Management Committee approval). Annual Membership Fees are as follows:

Concession Holder—\$5.50

Non-Concession—\$11.00

Signature

Date

Privacy disclaimer: All personal information collected by the Maryborough Neighbourhood Centre is protected by the Privacy Amendment (Private Sector) Act 2000. The Maryborough Neighbourhood Centre is committed in protecting the privacy of personal information disclosed to us. The centre collects personal information in order to properly and efficiently carry out its functions and only uses personal information for the purposes for which it was given to us and for directly related purposes. However, be advised that your personal information may be disclosed to the Chief Executive Officer of the Queensland Government, Department of Communities, which is our main funding body, for the purposes of ensuring that the Maryborough Neighbourhood Centre is providing quality service that meets certain standards.

Office Use Only

Date paid: _____ Amount: \$ _____ Receipt #: _____

Staff name: _____ Signature: _____

Date approved by Management Committee: _____ President's signature: _____