



## Membership Registration Form

For NEW or EXPIRED Memberships only

### Contact Details

Family Name:		First Name:	
Organisation (if applicable):			
Position (if applicable):			
Postal Address:			
Suburb:		Postcode:	
Phone:	Fax:	Mobile:	
Facebook page address:			
Email:			

### Membership Type -

\*Select one

Tick applicable box

- Education School      *Circle one* - Primary / Secondary / Single class        
Single Class name \_\_\_\_\_
- Tertiary / Adult Education      Department Name \_\_\_\_\_
- Child Care Centre      Licensed capacity \_\_\_\_\_        
Number of Locations. \_\_\_\_\_
- Hobbyist / Family / Student      *Circle one*
- Professional Artist
- Facilitator      Estimated number of events per year \_\_\_\_\_
- Council Department      Department Name \_\_\_\_\_

Please call us about any multiple centre / department memberships

Refer to new membership fees page      **Total \$** \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

YES / NO

Do you give REmida permission to contact you via email for all our upcoming events, Newsletters, New Workshops and REmida Events.

Your details will not be distributed to 3<sup>rd</sup> parties, in accordance with privacy legislation.

Check our website for our latest Workshops, Events, Pictures and follow us on facebook

## Disclaimer

In order to provide a responsible environment, we ask all members to sign this declaration  
This Declaration relates to the Duty of Care of Children in the Centre and use of the materials:

### DECLARATION:

*I understand that REmida does not take responsibility for the children who attend the Centre and that the Duty of Care at all times rests with the accompanying adult(s). I understand therefore that any child(ren) brought to the Centre under the aforementioned membership will be supervised by an adult at all times.*

*I understand that some of the materials that are supplied to REmida are not suitable for young children and that if any of these materials are used and cause harm to children, REmida will not be held liable.*

*Therefore, I understand that REmida does not take responsibility of the Duty of Care of children within the Centre, nor for those children who have access to inappropriate materials, and that to the full extent permissible by applicable law, REmida will not be liable for any damages of any kind arising from the use of donated materials, including, but not limited to direct, indirect, incidental, punitive, and consequential damages.*

### I have read and understood the above declaration.

Signed		Name	
Date		Position	

### Payment Details

Cash \$ \_\_\_\_\_.

Cheque \$ \_\_\_\_\_.

EFTPOS \$ \_\_\_\_\_.

Make payable to: **REmida Perth Inc**

Bank Transfer

Credit Card

**REmida Perth Inc.**

BSB#: 086 420

Account #: 824 024 670

Amount \$ \_\_\_\_\_.

Type Circle: Visa / Mastercard

Number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount \$: \_\_\_\_\_.

Send Invoice \$ \_\_\_\_\_.

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

Date Inv Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

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



**REmida Perth Inc**  
ABN 35 646 563 750

Phone: 9227 5576

Fax: 9227 9818

Email: info@remidawa.com

1 Prospect Pl, West Perth WA 6002

PO Box 372, Leederville WA 6903

### Office Use Only

Membership #: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Received - Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Paid - Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date Receipt Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_