CHI UNITY ENOTMENT & FRENDSHID	PORT MACQUARIE PANTHER MEMBERSHIP RENEWAL OR NEW MEMBERSHIP Application	Please Tick	CE CLUB Official Use Only ID Check: YES NO NEW : RENEWAL: Paid Date:
Please complete: (details rema	in confidential and used for club business only)		Receipt No:
Surname:	First Name:		
Address:			
Phone:	Mobile:		DOB: Day/Mth
Email Address:			
Panthers Membership No:		Are you a Facebook member?	Yes 🗌 No 🗌
Would you like to go onto the	email list for receiving 'Whats On' each week?	′es 🗌 No 🗌	

From time to time **club photos may be used in print media**, facebook, email or on our website, please sign below giving permission for your image to be used. You have the right to withdraw your permission at anytime in writing.

to be used b	ssion for my images by Port Macquarie Panthers Club for these purposes	
Signature: _	Date:	

/	I understand that dance class with Port Macquarie Panthers Rock & Roll Dance Group may be physically strenuous and I voluntarily participate in them with full knowledge that there is the possibility of personal injury and do so at my own risk.
	Signature: Date:

NEW MEMBERS ONLY – Please complete

I hereby apply to become a member of the Port Macquarie Panthers Rock & Roll Dance Club. In the event of my admission as a member I agree to be bound by the rules of the association for the time being in force.

Signature of Applicant:	Date:
I a member of Association.	the association, nominate the Applicant who is personally known to me for membership of the
Signature of Proposer	Date
Ia member of membership of the Association.	the association second the nomination of the applicant who is personally known to me for the
Signature of Seconder	Date
Official Use Only: Date Membership Submitted	Membership approved at meeting President to send welcoming email
Treasurer: Membership fee paid and receipt issued	
Secretary: Membership database updated	