



<b>APPLICANT'S NAME</b>	<b>Given Names:</b> _____ <b>Surname:</b> _____ <b>Preferred Name:</b> _____ <b>D.O.B:</b> ___/___/___
<b>CONTACT DETAILS</b>	<b>Residential Address:</b> _____ <b>Postcode:</b> _____ <b>Postal Address:</b> _____ <b>Postcode:</b> _____ (If different from above) <b>Home Phone:</b> _____ <b>Mobile:</b> _____ <b>Email:</b> _____
<b>CUSTODY ARRANGEMENTS</b>	<b>Are there any custody restrictions on who can pick up the above applicant after a meeting or event etc?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES – <b>Please list name(s) of person(s) who can pick up the applicant:</b>
<b>UNIT DETAILS</b>	<b>Unit Name:</b> _____ <b>District:</b> _____ <b>Joining Date:</b> _____

**MEDICAL DETAILS**

Medicare Number \_\_\_\_\_ Ambulance Cover \_\_\_\_\_ Private Health Fund \_\_\_\_\_ Private Health Member No. \_\_\_\_\_  
 NO  YES

Family Doctor's Name \_\_\_\_\_ Doctor's Phone No. \_\_\_\_\_

Does your daughter suffer from any of the following (please tick)

Asthma       Diabetes       Epilepsy       Sleep Walking       Fainting  
 Hay Fever       Nose Bleeds       Bed Wetting       Severe Allergic Reaction

Does your daughter suffer from any other medical condition, disability, chronic illness or require any special health care  NO  
 YES – please give details \_\_\_\_\_

Please give details of any known allergies such as food, insect bites and medication \_\_\_\_\_

Please give details of any special food requirements \_\_\_\_\_

Contact Lenses      Tetanus Immunisation Date \_\_\_\_\_

<b>PHOTO CONSENT</b>	<p>I authorise Girl Guides NT Inc. and Girl Guides Australia and any person authorised by them to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in photographs, video tapes, voice recordings of my daughter in any form deemed appropriate by Girl Guides NT Inc. and Girl Guides Australia. I hereby release Girl Guides NT Inc. and Girl Guides Australia from all claims, demands, actions, proceedings, costs or expenses relating to or arising out of use of material.</p> <p>If you <b><i>do not</i></b> wish to participate in these opportunities, please tick this box <input type="checkbox"/></p> <p>Please note that we cannot control whether Guiding participants take photos of each other and publish them on websites such as Facebook or My Space.</p>
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**PROTECTION OF YOUR PRIVACY**

In accordance with The Privacy Amendment (Private Sector) Act 2000, information supplied will be treated in confidence by Girl Guides NT Inc. and used only for the operations of the Association.

**DECLARATION**

1. I agree to pay the annual membership fees as required.
2. I give permission for her to participate in all of the activities of the Australian Guide Program other than adventurous activities, swimming, boating and overnight activities for which separate permission is required.
3. I authorise Girl Guides NT Inc. to obtain first aid, medical, ambulance, dental assistance or treatment including anaesthetic or blood transfusion, for her in the event of any illness or accident (Note: All attempts to make contact with the nominated person to contact in an emergency will be made.)
4. I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse Girl Guides NT Inc. for any expenses incurred.
5. I agree to list all disabilities, allergies (including to medication) and health conditions that may require special attention. I will advise changes if applicable.

<b>PARENT/GUARDIAN DETAILS</b>	<b>PARENT/GUARDIAN DETAILS</b>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
<input type="checkbox"/> Contact details as on page 1	<input type="checkbox"/> Contact details as on page 1
Address: _____	Address: _____
Hm Ph: _____ Wk Ph: _____	Hm Ph: _____ Wk Ph: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
<b>I have read and agree to the 'declaration' on this application form.</b>	<b>I have read and agree to the 'declaration' on this application form.</b>
Signature _____ Date __/__/__	Signature _____ Date __/__/__

<b>EMERGENCY CONTACT DETAILS</b>	<input type="checkbox"/> Same as above for parents or guardians
Name: _____	Name: _____
Address: _____	Address: _____
Hm Ph: _____ Wk Ph: _____	Hm Ph: _____ Wk Ph: _____
Mobile: _____	Mobile: _____
Relationship: _____	Relationship: _____

<b>Application moved</b>	<b>Application seconded</b>
<b>Signed:</b>	<b>Signed:</b>
<b>Date:</b>	<b>Date:</b>

**The completed membership form along with payment (\$120 annual fee) is to be returned to your Unit leader. For payment by direct deposit or credit card please refer to the payment slip. The application form and payment is due on the third unit meeting your daughter attends.**

**Ph: 0439 282 173 Fax: 08 8952 1229 email: [sue.ride@guidesp.org.au](mailto:sue.ride@guidesp.org.au)**

*Office Use Only* Date received: \_\_\_\_\_ Membership no. issued: GGNT \_\_\_\_\_  
 Payment method: \_\_\_\_\_ Entered on database  Membership card sent

## Payment slip for memberships and shop orders

New Membership - \$120.00 Annual fee

**NOTE:** If you hold a valid Sports Voucher issued under the NT Government Sport Voucher Scheme, you may attach the valid sport voucher with your payment of the difference in price between your valid Sport Voucher and the cost of the annual fee, ie: \$100 voucher + \$20 payment = \$120 Girl Guides membership fee. Sports Voucher's may also be used to offset the cost of Girl Guide uniforms when purchased through Girl Guides NT. *The vouchers are redeemable until 31 May each year*

**The completed membership form along with payment (\$120 annual fee) is to be returned to your Unit leader. The application form and payment is due on the third unit meeting your daughter attends**

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### Method of payment

**Direct Deposit** (quote surname and/or membership no.)  
Bendigo Bank BSB 633 000  
ACC 1475 44498

**CASH - Money Order - Cheque** - (please make payable to Girl Guides NT Inc.)

### Credit Card payment

Visa or MasterCard -

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

3 digit security no. \_\_\_\_ (back of card)

Cardholder's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Value of credit card payment \$\_\_\_\_\_

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### Your contact details are:

#### Alice Springs Girl Guide District

Alice Springs District Manager: Mrs Susan Ride

Mob: 0439 282 173

Guide Hall ph: (08) 8952-1229

Guide Hall fx: (08) 8952-1229

Postal: PO Box 303 Alice Springs NT 0871

Guide Hall: 1 Stuart Terrace

Website: [www.guidesasp.org.au](http://www.guidesasp.org.au)

#### Girl Guides NT Office (Darwin)

Telephone: 08 8981 3628, Fax: 08 8941 1147

Email: [girllguidesnt@iinet.net.au](mailto:girllguidesnt@iinet.net.au)

Website: [www.girllguidesnt.com.au](http://www.girllguidesnt.com.au)