

Personal Details			
Family Name:		Given Names:	
Preferred Name:		Date of Birth:	
Church Attended:		Introduced to UT by:	
Occupation:			
Brief details of experience on UT Jobs: (if applicable)			

Contact Details			
Address:			
Suburb:		Postcode:	
Email:			
Telephone Home:		Work:	
Mobile:		Fax:	

Emergency Contact Details			
Person:			
Relationship to me:		Telephone numbers:	

	Select Category	
I hereby apply for the following classification of membership of Uniting Technology (South Australia) Incorporated	Associate	
	Full	
	Corporate	
	Transfer to Full	

**Constitution and Rules / Working Safely / Liability / Privacy**

I hereby agree to be governed by the current Constitution and Rules of Uniting Technology, and any others that may be determined from time to time, upon my admission as a member.

I agree to work on Uniting Technology activities in a volunteer capacity, to observe appropriate safety requirements during such activities, and to follow the reasonable instructions of any appointed Technical Coordinator (or deputy) during such activities. I declare that I will not hold liable Uniting Technology, the management committee, the elected officers or any other member for losses or injury sustained by me in the course of my activities with Uniting Technology.

I understand that Uniting Technology collects the details on this form for the purpose of distributing the information to other members for the purpose of communication between members about Uniting Technology activities. Should I be involved with a particular activity, personal details may also be given to the external organisation organising the activity so that they can contact me about that activity.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The signature of a parent or legal guardian is also required if the applicant is under the age of 18 years.