

Fleurs Street Social Exchange Inc.

Membership Form

New Member's Personal Details

First / Given Name
Surname / Family Name
Preferred Pronoun
Address

Contact Details

It is not obligatory to provide contact details. *However, as the organisation of the collective makes heavy use of electronic messaging, the lack of contact details may lead to difficulties in participating in its activities and decision-making processes.*

| | Preferred |
|---|--------------------------|
| Facebook Handle <i>Please check that a current member is available to add you to groups and messaging channels</i> | <input type="checkbox"/> |
| Mobile Number | <input type="checkbox"/> |
| E-Mail Address | <input type="checkbox"/> |

I, the above-named new member, wish to enter the current membership of Fleurs Street Social Exchange Inc.

Signature:

Date:

Proposed by:

Signature

Member Name

Date

Seconded by:

Signature

Member Name

Date

- The use of this form and some of the information collected are necessary to fulfil the collective's legal requirements as an incorporated association in Queensland.
- The information provided on this form will be stored securely and will only be used for the purposes of organising the collective's activities.
- In order to keep the membership register current, the collective may periodically remove inactive members.