



TREFOIL GUILD AUSTRALIA

TG5./08

MEMBERSHIP REGISTRATION FORM

Please complete this form in duplicate – retain one for your Trefoil Guild records and send the second copy to the State Trefoil Guild Adviser.

Trefoil Guild Name: .....

Member's Name.....Mrs, Miss, Ms

Date of Birth (optional).....

Address.....Post Code: .....

Telephone Number: ( ...) ..... Email .....

Date of joining Trefoil Guild ..... Promise Date / Renewed.....

Brief History of Youth Membership in the Guide or Scout Movement .....

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History of Appointments/Warrants held (include Local Association/District Support Group)

Position/Appointment/Warrants	Date Commenced	Date Resigned	Duration

Awards gained: (Good Service, Banksia, Emu etc)

Name of Award	Date

Long Service: (Leader Long Service, Combined Long Service etc)

Title of Long Service Award	Date

Signature: ..... Date: .....

Due to privacy legislation please give permission (we need to ask whether or not you give) to Trefoil Guild (Guides Australia) to publish your contact details in our Personnel Directory for use by Trefoil Guilds. Yes  No

Do you give permission for your photo to be used in promotional materials, including Guide based websites?

Yes  No

Signed ..... Date