



# OLINDA COMMUNITY HOUSE INC.

**ABN:** 63 299 630 286  
**Registered No:** A0018118Z  
**Funded by:** Dept. of Planning and Community Development  
Yarra Ranges Council

79-81 Olinda – Monbulk Road, Olinda 3788  
P.O. Box 120, Olinda 3788  
**Telephone:** (03) 9751 1264  
**Fax:** (03) 9751 1461  
**Email:** olindacommhouse@optusnet.com.au  
**Website:** www.och.net.au

## ENROLMENT FORM 2017

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT – NAME AND TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

NAME OF COURSE(S): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

ANNUAL ADMINISTRATION / MEMBERSHIP FEE \$5.00:

RECEIPT NUMBER: \_\_\_\_\_

How did you hear about the course/activity? (Please circle one)

Program brochure    Flyer    Newspaper    Person    Other \_\_\_\_\_

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DATE