



®

AUSTRALIA

PROBUS CENTRE RECORDS & DIRECTORY UPDATE 2010 – 2011
PLEASE PRINT CLEARLY IN BOLD LETTERING

FULL CLUB NAME: _____

INC. Yes/No
(Please circle)

CLUB NUMBER: _____

CLUB GENDER (male, female or combined): _____

CLUB POSTAL ADDRESS: _____

_____ POSTCODE: _____

NUMBER OF MEMBERS (include Life & Honorary): _____

TIME OF MEETING: _____ DAY: _____ WEEK: _____

MEETING VENUE: _____

PRESIDENT (first name & surname): _____

TELEPHONE (include area code): _____

EMAIL (not for publication in Directory): _____

ADDRESS: _____

_____ POSTCODE: _____

Do you wish your home address to be listed in the Directory? **Yes/No** (Please circle)

SECRETARY (first name & surname): _____

TELEPHONE (include area code): _____

EMAIL (not for publication in the Directory): _____

ADDRESS: _____

_____ POSTCODE: _____

Do you wish your home address to be listed in the Directory? **Yes/No** (Please circle)

PLEASE PRINT CLEARLY IN BOLD LETTERING

NOT FOR PUBLICATION IN THE DIRECTORY

TOURS OFFICER (first name & surname):

TELEPHONE NUMBER (include area code): _____

EMAIL: _____

ADDRESS: _____

_____ POSTCODE: _____

NOT FOR PUBLICATION IN THE DIRECTORY

Probus Liaison Officer – Email access required.

The aim is to have information emailed to the club officer for broadcast to members at club meetings and through the club bulletin/newsletter. It is hoped this method will expedite communications between clubs and PCSP for important announcements or special offers. This access does not affect or usurp the normal communication between the club secretary and PCSP.

PROBUS LIAISON OFFICER (first name & surname):
(Person other than the Secretary/President)

TELEPHONE NUMBER (include area code): _____

EMAIL: _____

This information will be used in accordance with Probus Centre – South Pacific Inc. Privacy Policy.

Please complete and return these forms to Probus Centre - South Pacific Inc. by 30th April 2010.

**Probus Centre – South Pacific Inc.
PO Box 1294
Parramatta NSW 2124**

Please contact Probus Centre – South Pacific Inc. if we can assist you any further on 1800 630 488.

STATISTICAL INFORMATION

Only for use by Probus Centre – South Pacific Inc.
and Rotary in the development of Probus clubs.

PLEASE PRINT CLEARLY IN BOLD LETTERING

FULL CLUB NAME: _____ **INC. YES/NO**
(Please circle)

CLUB NUMBER: _____

ROTARY DISTRICT NUMBER:

CLUB GENDER (male, female or combined): _____

CLUB WEBSITE (if applicable): _____

NAME OF SPONSORING ROTARY CLUB: _____

MEMBERSHIP CEILING OF CLUB (if any): _____

DOES YOUR CLUB HAVE A WAITING LIST (if so, how many)? _____

WHAT IS THE EXPECTED TIMEFRAME FOR A PERSON ON THE WAITING LIST: _____

IS THERE A NEED FOR ANOTHER CLUB IN YOUR AREA? **YES** **NO** (Please circle)

WHAT ARE YOUR COSTS?

a) JOINING FEE: _____

b) ANNUAL SUBSCRIPTION FEE: _____

c) VENUE: _____

d) OTHER MEETING COSTS: _____

COMBINED CLUBS ONLY

DOES YOUR CLUB HAVE A GENDER BALANCE? **YES** **NO** (Please circle)

IF SO, WHAT IS THE CURRENT PERCENTAGE BALANCE?

MALE % **FEMALE** %

HAS YOUR CLUB PREVIOUSLY ATTENDED A PROBUS INFORMATION DAY? **YES** **NO** (Please circle)

WOULD YOUR CLUB LIKE AN INFORMATION DAY IN YOUR DISTRICT IN 2010? **YES** **NO** (Please circle)

WOULD YOUR CLUB LIKE SOME ADVICE AND ASSISTANCE WITH: (Please circle)

-	MEMBERSHIP DEVELOPMENT	YES	NO
-	RISK MANAGEMENT	YES	NO
-	COMMITTEE RECRUITMENT	YES	NO
-	PRIVACY	YES	NO
-	ESTABLISHING A SUCCESSION PLAN	YES	NO
-	PCSP OPTIONAL TRAVEL INSURANCE	YES	NO
-	CONSTITUTIONAL MATTERS	YES	NO

DO YOUR MEMBERS HAVE AN INTEREST IN PROBUS RENDEZVOUS? **YES** **NO** (Please circle)

Thank you for your co-operation in providing this information.

The information provided on this form shall be used by the
Probus Centre – South Pacific Inc. in accordance with Privacy legislation.