

# Tramountanas - North Association Incorporated

Postal Address: c/o 6 Second Ave, Cheltenham, SA, 5014

## MEMBER'S SURVEY

The *Tramountanas North-Association Incorporated* is committed to community orientated activities and invites family and associate members to participate in their realisation. We anticipate most of this activity will be undertaken from your home in conjunction with other like minded members. Where a group needs to meet to discuss a particular project such meetings or teleconferencing can be arranged to suit the members of the participation group.

As a starting point the Managing Committee suggests that family members identify their available skills and expertise that might be contributed towards these activities. Alternatively, they may wish to participate with other family members in a particular activity[s].

**1. Tick the box  alongside the skills and expertise you may be able to contribute.**

- |   |   |
|---|---|
| <input type="checkbox"/> Archiving and document preservation              | <input type="checkbox"/> Literary writing for historic topics                 |
| <input type="checkbox"/> Association administration                       | <input type="checkbox"/> Musical instrument                                   |
| <input type="checkbox"/> Computer based expertise                         | <input type="checkbox"/> Organisation development                             |
| <input type="checkbox"/> Choreography and folk dancing                    | <input type="checkbox"/> Photography including digital and/or video           |
| <input type="checkbox"/> Community association and network development    | <input type="checkbox"/> Project management                                   |
| <input type="checkbox"/> Community and/or regional media                  | <input type="checkbox"/> Planning and development                             |
| <input type="checkbox"/> Community Arts and Craft organisations           | <input type="checkbox"/> Recording Oral history                               |
| <input type="checkbox"/> Cross cultural understanding                     | <input type="checkbox"/> Theatre  |
| <input type="checkbox"/> Cultural celebrations and development            | <input type="checkbox"/> University student                                   |
| <input type="checkbox"/> Curator of exhibitions                           | <input type="checkbox"/> Website - Internet design, editorial and information |
| <input type="checkbox"/> Events - function organising                     | <input type="checkbox"/> Women's Fellowship                                   |
| <input type="checkbox"/> Graphic art and design                           | <input type="checkbox"/> Youth group leader                                   |
| <input type="checkbox"/> Hellenic cultural understanding                  |   |
| <input type="checkbox"/> Journalistic – for newspaper or radio.           | <b>Other skills you might contribute: <u>[use your words]</u></b>             |
| <input type="checkbox"/> Liaison with District Council of Elliston        | <input type="checkbox"/>  |
| <input type="checkbox"/> Liaison with Greek Orthodox Community of SA Inc. | <input type="checkbox"/>  |

**2. Please consider nominating parents, siblings, children, grandchildren or other Tramountanas - North Association Incorporated relatives who might participate in the Association's activities:**

<b>Surname:</b>	<b>Surname:</b>	<b>Surname:</b>
<b>Given Name:</b>	<b>Given Name:</b>	<b>Given Name:</b>
Age:	Age:	Age:
Address: No. ....	Address No. ....	Address: No. ....
Street.....	Street.....	Street.....
Suburb: .....	Suburb: .....	Suburb: .....
..... Post Code: .....	..... Post Code: .....	..... Post Code: .....
Preferred Telephone: <input type="checkbox"/> Home - <input type="checkbox"/> Mobile	Preferred Telephone: <input type="checkbox"/> Home - <input type="checkbox"/> Mobile	Preferred Telephone: <input type="checkbox"/> Home - <input type="checkbox"/> Mobile
.....	.....	.....
[Email] ..... @	[Email] ..... @	[Email] ..... @
.....	.....	.....
<b>Children/Grand children</b>	<b>Children/Grand children</b>	<b>Children/Grand children</b>

**3. Email: I wish to receive information updates from the Tramountanas - North Association Incorporated via e-mail.**

My e-mail address is: .....@.....

Name: [Mr/Ms/Mrs] ..... Signed: ..... Date: \_\_\_/\_\_\_/\_\_\_

Thank you for registering. Managing Committee, Tramountanas - North Association Incorporated.