

NEW MEMBER'S APPLICATION FORM

TOWNSVILLE SENIOR CITIZENS WELFARE ASSOCIATION INC.

Full Name:

(Surname)

(Given Names)

(Known as)

Class of Membership: Ordinary Member [] Associate Member [] Honorary []

Carer for Member:

Permanent Residential Address:

(No) (Street) (Suburb) (Postcode) 48....

Postal Address: (If different from above)

(PO Box) (Suburb) (Postcode)

Date of Birth: (Day) (Month) (Year) (Optional) 19

Telephone Numbers: Home: 07..... Mobile: 04.....

Emergency contacts Name: Phone: Relationship:

Name: Phone: Relationship:

Email address: (Optional)

Former or present Occupation: e.g. Home Duties, Retired Solicitor, Accountant, Train Driver etc.

Special Interests: Please use back of form if insufficient space.

Circle Days attending: Mon Tue Wed Thur Fri Sat

I hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature: Date:

Proposed By: (Name) Seconded by: (Name)

Signature: Signature:

Date: Date:

Office Use only. Payment Date. Payment \$ Honorary : Y / N

Dealt with by Management Committee on:

Entered on Membership Register: / / Card Issued : / / Birthday List / /