

COAST CENTRE FOR SENIORS INC MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP FEE PAYABLE \$20.00

I, (Mr / Mrs / Miss / Ms) _____
Full name of Applicant (please print clearly)

of _____
Address

State _____ Postcode _____

hereby apply to become a member of The Little Bay Coast Centre for Seniors Inc. Upon my admission as a member, I agree to be bound by the rules of the Association, and understand that my application will be ratified at the next Management Committee Meeting. I also understand that members must be aged 55 or over and not working full-time.

Signature of Applicant _____ Date of Birth ____/____/____

Phone Home _____

Phone Mobile _____

Email _____

Name of Emergency Contact _____

Emergency Contact Phone or Mobile _____



Office Use Only:

Date Joined _____
Member Number _____
Receipt Number _____