

# COAST CENTRE FOR SENIORS INC MEMBERSHIP APPLICATION

*ANNUAL MEMBERSHIP FEE PAYABLE \$33.00*

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 \_\_\_\_\_