

# 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 \_\_\_\_\_

Please tick - I heard about this Centre from:

- A Friend
- A Neighbour
- A Relative
- A Community Notice
- Visiting Little Bay
- Searching the Internet
- Other. (Please comment)

\_\_\_\_\_  
\_\_\_\_\_



**Office Use Only:**

Date Joined \_\_\_\_\_

Member Number \_\_\_\_\_

Receipt Number \_\_\_\_\_