

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)



**Electronic Transfer Payments
can be made to:**

Little Bay Coast Centre for Seniors Inc
BSB 062 198
Acct # 2800 1288
Ref: Your Name

Office Use Only:

Date Joined _____

Member Number _____

Receipt Number _____