

Woden Seniors Inc.

Application for Membership

Please complete this form in **CAPITAL LETTERS** and return to the Club with your payment

Personal Details	
Title	<input type="text"/>
Preferred First Name	<input type="text"/>
Family Name	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Phone Number	<input type="text"/>
Email Address	Must be PRINTED using UPPERCASE LETTERS . Provide only if you agree to receive communications from the Club by email (will be recorded in lowercase)
Postal Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(City/Suburb) (State) (Postcode)

Emergency Contact Details
Name _____
Relationship _____
Phone No. _____

Vehicle Registration
(only if parking permit required)
Vehicle 1 <input type="text"/>
Vehicle 2 <input type="text"/>
<small>For vehicle registration please use Ø for the numeral zero to distinguish it from the letter O and I for the letter i to distinguish it from the numeral 1.</small>

Membership options and declaration
<input type="checkbox"/> I hereby apply for membership of Woden Seniors for an initial period of one year and enclose \$10 (subscription) and \$20 (parking fee if parking required); or
<input type="checkbox"/> I hereby apply for membership of Woden Seniors for an initial period of three years and enclose \$30 (subscription) and \$60 (parking fee if parking required).
I understand that the grant of a parking permit does not guarantee a parking spot.
I acknowledge that my attention has been drawn to the Privacy Policy of the Club on the reverse side of this form and agree to abide by the rules of the Club; to inform the Club of any change in the above personal information; and to permit the use of the above personal information in case of emergency and/or for relevant purposes within the Club.
I declare that I am physically able enough to undertake the activities at Woden Seniors for which I enrol and understand that there is no medical facility at the Club.
I authorise Woden Seniors to summon such medical or other assistance as deemed reasonably necessary by a responsible representative of the Club or class leader on the premises at the time in the event of an emergency and I undertake to pay all costs involved including ambulance transportation.

Signature _____	Date _____
<i>Office use only</i>	<input type="checkbox"/> Received \$ _____ and receipt issued on _____
	<input type="checkbox"/> Parking permit(s) issued for vehicle registrations above
	<input type="checkbox"/> Entered on membership database
	<i>Form A082018</i>