## **Woden Seniors Inc.** Application for Membership Please complete this form in CAPITAL letters and return to the Club with payment

PERSONAL DETAILS	
Title	Preferred First Name
Family Name	
Date of Birth	d d m m 1 9 y y Contact Phone Number
Email Address* (in CAPITAL letters please)	
Postal Address	
	(City/Suburb) (State) (Postcode)
EMERGENCY CON	TACT DETAILS (optional)  VEHICLE REGISTRATION (only if parking permit required)
Name	Vehicle 1
Relationship	Vehicle 2
Phone No.	A separate parking permit (\$20 per annum each) is required for each vehicle.  For vehicle registration please use $\emptyset$ for the numeral zero to distinguish it from
	the letter O and <b>I</b> for the letter i to distinguish it from the numeral 1.
ADDITIONAL INFORMATION  ☐ I would be happy to assist the Club using my skills in (please specify):	
* Provide email address only if you agree to receive official communications from the Club by email.  Please enter your email address using CAPITAL letters (it will be recorded in lower case).	
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 hereby ap (subscription	ply for membership of Woden Seniors for an initial period of one year and enclose \$10 on) and \$20 (parking fee per vehicle if parking required); <b>or</b>
☐ I hereby apply for membership of Woden Seniors for an initial period of three years and enclose \$30 (subscription) and \$60 (parking fee per vehicle if parking required)	
Signature	Date
Office use only	□ Pagaived \$ and receipt issued on
□ Received \$ and receipt issued on □ Parking permit(s) issued for vehicle registrations above □ Entered on membership database	

12 Corinna Street, Phillip ACT 2606 Ph: (02) 6282 2573