

# Membership Application, Renewal or Amendment 1/7/2020 to 30/6/2021



NEW MEMBER     RENEWAL     CHANGE OF DETAILS

\$ 10 per financial year

P.O. Box 605 Redcliffe 4020 : Shop 4 / 120 Sutton St Redcliffe

Personal Details			
Title: Mr Mrs Ms Other:		Marital Status:	
Given Name:		Preferred Name (if different):	
Family Name:		Date of Birth ...../...../.....	
		Country of Birth:	
Address: ..... .....		Suburb:	Post Code:
Mobile Number:		Home Number:	
Email:			
Do you have dietary restrictions? If so, please complete a dietary form. <input type="checkbox"/> Yes <input type="checkbox"/> No			
First form of ID: (select one)  <input type="checkbox"/> Medicare Card <input type="checkbox"/> DVA Card  Card Number: .....  IRN: ..... (single digit to left of name of)		Second form of ID: (select one)  <input type="checkbox"/> Pension Card <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Other (Please Specify) .....  Card Number: .....	

Next of Kin	
Name:	Phone Number:
Name:	Phone Number:

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Could you please advise if you have a:	YES	NO	DETAILS
Vision Impaired			
Hearing Impaired			
Memory/Confusion Issues			
Speech Impairment			
Other physical impairments			

Please indicate if you use any of the following:	YES	NO	DETAILS
A walker/walking frame			
A walking stick			
Standard Wheelchair			
Motorised Wheelchair			

If you have a complaint you may make it to the Business Manager. Alternatively, you may prefer to contact Aged and Disability Advocacy Australia on 1800 818 338 or the Aged Care Quality & Safety Commission, GPO Box 9819 Brisbane 4000 or call on 1800 951 822.

Sign: ..... Date:- / /

<b><u>OFFICE USE ONLY</u></b>		
Entered in ROCS	Yes / No	Date: / /