



Membership Application, Renewal or Amendment 1/7/2021 to 30/6/2022

Receipt No:

NEW MEMBER RENEWAL LIFE MEMBER 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"/> Disability 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:	YES	NO	DETAILS
Vision Impairment			
Hearing Impairment			
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.

If you are sending your membership via mail and require a receipt, please enclose a stamped addressed envelope.

Sign: Date: / /

<u>OFFICE USE ONLY</u>		Date:	/	/					
MAC	<input type="checkbox"/>	TRIPS	<input type="checkbox"/>	CC	<input type="checkbox"/>	M/L	<input type="checkbox"/>	MC/B'DAY	<input type="checkbox"/>
FUNDED MEMBER	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>						