



Membership Application, Renewal or Amendment 1/7/2022 to 30/6/2023

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 will be using any of the following on a trip:	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: / /



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PLEASE NOTE ALL INFORMATION COLLECTED IS STRICTLY CONFIDENTIAL AND
RECORDED IN A DE-IDENTIFIED MANNER FOR FUNDING PURPOSES.

PLEASE COMPLETE THE FOLLOWING	YES	NO
Do you have a carer?		
Do you need a carer to travel with you?		
Living Arrangements		
Lives alone		
Lives with family		
Lives with others		
Type of Govt. Pension/Benefit		
Aged Pension		
Dept. of Veteran Affairs Pension		
Disability Support Pension		
Carer Pension		
Self Funded		
Are you a DVA Card Holder?		
DVA Gold Card		
DVA White Card		
Other DVA Card		
Accommodation Type		
Private residence – owned/purchasing		
Private Rental		
Public Rental		
Independent living in Retirement Complex		
Other		

OFFICE USE ONLY		Date: / /
MAC <input type="checkbox"/>	TRIPS <input type="checkbox"/>	CC <input type="checkbox"/> M/L <input type="checkbox"/> MC/B'DAY <input type="checkbox"/>
MAC referral number		
FUNDED MEMBER <input type="checkbox"/>	MEMBER <input type="checkbox"/>	Aged Care Charter signed Y / N <input type="checkbox"/>