



Membership Application Form

1/7/2024 to 30/6/2025

NEW MEMBER RENEWAL LIFE MEMBER CHANGE OF DETAILS STAFF

\$10 per financial year – Receipt No:

P.O. Box 2242 Redcliffe North 4020 - 88 Sutton St Redcliffe 4020 - Ph 3284 6429

Personal Details	
Title: Mr Mrs Ms Other:	Surname:
Given Name:	Preferred Name:
Address:	D.O.B:
	Home Phone Number:
	Mobile Phone Number:
Can we send you text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:	
Do you have medically required dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please contact the office for a dietary form.	
First form of ID: (select one) <input type="checkbox"/> Medicare Card <input type="checkbox"/> DVA Card Card No: IRN (single digit to left of name):	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 (Specify) Card No:

Emergency Contacts	
Name:	Phone Number:
Name:	Phone Number:



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Please answer:	TICK	DETAILS
Do you still drive: 1. On the peninsula only 2. Beyond the peninsula 3. I do not drive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
What is your main reason for joining RCB: 1. Kippa-Ring Mall for groceries, doctors etc. 2. Social day trips 3. Both	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
How would our services benefit you? <i>Please provide details</i>	-	

Please advise if you have:	YES	NO	DETAILS
Vision Impairment			
Hearing Impairment			
Memory/Confusion Issues			
Speech Impairment			
Other physical impairments			

Will you be using any of the following on a trip:	YES	NO	DETAILS
A walker/walking frame			
Standard Wheelchair			
Motorised Wheelchair			



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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		
Indigenous Status		
Aboriginal but not Torres Strait Islander Origin		
Torres Strait Islander but not Aboriginal Origin		
Both Aboriginal & Torres Strait Islander Origin		
Neither Aboriginal or Torres Strait Islander Origin		
Language Spoken at Home:		
Country of Birth:		



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Consent – Photographs / Video

I grant permission to Redcliffe Community Bus to take and publish photographs and/or video of me for the purpose of marketing and promoting the services of Redcliffe Community Bus both now and in the future. These photos/videos may appear in printed form or online on social media platforms such as but not limited to Facebook, Instagram and the RCB website.

I understand that I can withdraw my consent at any time by contacting the office of Redcliffe Community Bus.

- Yes I consent No I don't consent

Please add me to the Redcliffe Community Bus email listing so I can receive notification when trips have additional seats available. (please ensure your email address is provided on page 1)

- Yes I consent No I don't consent

I give permission for Redcliffe Community Bus to collect personal information for the primary purpose of membership requirements including reporting for Government funding and essential information necessary to provide safe and efficient bus transport for shopping, day and weekend bus trips. Redcliffe Community Bus will only collect information that is necessary for the organisation to provide the services the members expect and the services we are contracted to perform under our Service Agreement with the Department of Social Services, Commonwealth Home Support Program.

Sign: _____

Date: ____ / ____ / ____