



ALWAYS CARING - ALWAYS HERE

ABN: 98 627 552 690

MEMBERSHIP APPLICATION FORM

Title:	
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First name:	
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Surname:	
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Preferred name for Badge:	
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Date of Birth:	
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Address:	
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Phone Number:	
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Email (optional):	
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MEMBERSHIP:	NEW:	
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RENEWAL:	
MEMBER NUMBER:	

SENIOR/CARER \$20	
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ASSOCIATE MEMBER \$40	
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PAYMENTS VIA CASH OR EFT. EMPOWERING PLANTAGENET SENIORS, BSB: 633 000, ACC NO: 174535955 PLEASE USE SURNAME AS REFERENCE
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Dietary Requirements/Allergies:	
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Please specify: ie Celiac, Diabetic, Vegetarian, etc

Medical Conditions:	
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Any other information you would like us to know about:

All information on this form is CONFIDENTIAL and used solely for Member welfare

EMERGENCY CONTACT DETAILS:

Emergency Contact:	
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Relationship to Contact:	
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Emergency Contact Number:	
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SIGNATURE:	
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DATE:	
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For further information please contact the office on: 0498 096 700
Office Hours are Wed/Thurs 9am - 2pm and Fri 9.30 - 12noon
At other times, please leave a message

I would like to express interest in a future Senior Transport Service
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YES:

NO: