



Membership Form

1st July 2011 to 30th June 2012

\$26.25 (or pro-rata please check) Cheques payable to City of Cockburn

Title: _____ First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Address: _____

Suburb: _____ PostCode: _____

Phone: _____ Mobile: _____

Country of Birth: _____ Nationality: _____

Aboriginal/Torres Strait Islander: Yes No

Are you from a Non-English Speaking Background: _____

Do you speak another language other than English at Home: Yes No

If yes which: _____

Would you like to receive our newsletter by email: Yes No

Email: _____

Do you have any have dietary requirements? _____

Do you have medical conditions that we should know about?: _____

We may be able to provide transport to the centre on some days to people who do not have transport. Would you like to be accessed for this service? Yes No

Emergency Contact: _____ Phone: _____
Relationship: _____

Optional

Would you like to become a volunteer at our Senior Centre? Yes No
Unsure

If yes please indicate when you are available and what your preferences?

Monday Tuesday Wednesday Thursday Friday

Bus Driver Front reception Kitchen Special Events

Community Garden Project Assisting running small groups

To become a volunteer please contact our Volunteer Resource Centre on
94113490

Optional

How would you rate your level of fitness? Low Medium High

How many times a week do you do fitness exercise?

How many times a week do you socialise with other
seniors? _____

OFFICE USE ONLY

Membership No _____ M/F

Paid by Cash Cheque Eftpos- Bank Credit – Bank

Full Payment _____ Half/Payment _____

Receipt No: _____ Date: _____

Signed: _____

Dated: _____