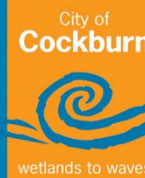




# Cockburn Seniors Centre



9 Coleville Crescent Spearwood WA 6163  
PO Box 1215, Bibra Lake DC WA 6965

**Membership Form**  
**1<sup>st</sup> July 2017 – 30<sup>th</sup> June 2018**  
**\$47 per annum**  
**Cheques payable to City of Cockburn**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name for your badge: \_\_\_\_\_ 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 program and newsletter by email?                  Yes                  No

Email: \_\_\_\_\_

Do you have any dietary requirements? \_\_\_\_\_

Do you have medical conditions that we should know about? \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Photo Permission: Do you give permission for your photo to be taken whilst attending the centre or on outings? These photos are only used within the Centre (eg. Christmas photo slideshow)

**YES**

**NO**

(please circle)

**PTO**

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 positions you would be willing to fill?

Monday              Tuesday              Wednesday              Thursday              Friday

Bus Driver              Meet & Greet Front Desk              Kitchen              Special Events

Cafe              Assisting running small groups

For more information on volunteering opportunities in the City of Cockburn please contact our Volunteer Resource Centre on 94113490

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**If you experience financial difficulty paying for the membership please talk to the Centre Coordinator.**

**Eligibility Check:** \_\_\_\_\_ (staff initial)  
(Resides within City of Cockburn & over 50 years of age)

**Membership Number:** \_\_\_\_\_

**Invoice Number:** \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

Membership number entered                     

Member information entered                     

Membership dates are correct (to 30<sup>th</sup> June)                     

Members name added to new badge list