

Bathurst Senior Citizens Association Incorporated

176 Russell Street
 P. O. Box 1666
 Bathurst NSW 2795
 Telephone 02 6331 5292

APPLICATION FOR MEMBERSHIP / RENEWAL OF MEMBERSHIP			
Membership \$5.00 per year		Date Membership Paid	
Renewal due by 30 th June.		Receipt Number	
DATE			
NAME	Prefix (optional)		
	First Name		
	Family Name		
ADDRESS	Unit Number / House Number		
	Street Name		
	Suburb / Postcode		
TELEPHONE CONTACT	Primary Number		
	Secondary Number		
EMAIL ADDRESS			
EMERGENCY CONTACTS	Please nominate two contacts		
Name	Relationship to Member	Primary Phone Number	Secondary Phone Number

The following to be completed when applying for membership.

Not required for renewal of membership.

I hereby apply to become a member of the above named Incorporated Association

Signature of Applicant _____ Date _____

Name of Proposer _____

Signature of Proposer _____