

Associate Membership Application Form

Ormond Senior Citizens Club Inc. (OSCC Inc.)

Registration Number: A0013602X

2 Newham Grove, Ormond, VIC, 3204

I wish to become an Associate Member of the Ormond Senior Citizens Club and agree to abide by the Club Constitution. I will reapply every year until I am 55 years of age. My \$30 associate membership fee is deposited to the account listed below

First Name _____ Surname _____

Mobile _____ Date of Birth ____ / ____ / ____

Address _____

Suburb _____ Post Code _____

Email _____

Please print clearly your email address to avoid misspelling

How did you find out about us? _____

Associate Members can only attend the following groups

Please tick ✓ all relevant groups you will be attending

- | | |
|--|--|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Dancing Group |
| <input type="checkbox"/> Zumba | <input type="checkbox"/> Poetry Group |
| <input type="checkbox"/> Art Group | <input type="checkbox"/> Bards Group |
| <input type="checkbox"/> Social Events | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Other _____ | |

Next of Kin or Emergency Contact

Name _____

Relationship _____ Mobile _____

Your Signature _____ Date ____ / ____ / ____

Please send \$30 associate membership fee to the following account:

Ormond Senior Citizens Club

BSB: 083136

ACC: 179702466

Reference: **Your Full Name**

Office use only:

Name of Committee Member who collect membership fee _____

Approved Committee Meeting _____ Receipt No _____

Recorded by _____ Date ____ / ____ / ____