

# 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 – AM fee**

Office use only:

Name of Committee Member who collect membership fee \_\_\_\_\_

Approved Committee Meeting \_\_\_\_\_ Receipt No \_\_\_\_\_

Recorded by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_