

**2022/2023 Membership Application Form**

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| **Title:** | **Surname: Given Name:** |
| **Date of birth:** | **Address:** |
| **Home Phone:** | **Email:** |
| **Mobile Phone:** | **NB please advise your in case of emergency contact person that we may contact them** |
| **Known Medical Conditions:** |  |
| **In Case of Emergency Contact Person** | **Surname: Given Name:** |
| **Home Phone:** | **Mobile Phone:** |
| **Relationship to you:** |

**Membership Fees**

Membership is paid annually at the end of each current financial year.

**Amount to Pay** (Please tick the box that applies to you. All rates include G.S.T.):

 **Full year rate $40.00**

 **Community hero rate $80.00**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To help ensure a success and inclusive Hub experience please aid us by sharing some of your skills and passions.

What Are the Requirements to become a Hub Member?

Joining the Hub is a commitment! When you become a Hub Member, you will –

* Uphold the Hub’s values and mission.
* Nominate how you can contribute to Hub operations.
* Commit to the ‘Ask a Member First’ Policy.

**Office Use Only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Join Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid by: Cash Cheque Bank deposit\* Account name: **The Darling Range Seniors Hub Inc**

 BSB: **633 000**

Account number: **169 412 566**

Please post form to DRSH PO Box 194, Kalamunda 6076 **OR** email to members@drseniorshub.com.au

\*If paying by bank transfer, please make sure your name is in the message part of the transfer.