



2024/2025 Membership Application Form

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@drsniorshub.com.au

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