



Half Year 2025/2026 Membership Application Form

Title:	Surname:	Given Name:
Address:		
Email:		
Mobile Phone:	Date of birth:	
Home Phone:		
In Case of Emergency Contact Person	Surname:	Given Name:
	Mobile Phone:	Home Phone:
Relationship to you:		
NB please advise your "In Case of Emergency Contact Person" that we may contact them.		

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.):

- | | | |
|--------------------------------------|----------------|--------------------------|
| Half year rate | \$20.00 | <input type="checkbox"/> |
| Community hero half year rate | \$40.00 | <input type="checkbox"/> |

Signed: _____ **Date:** _____

[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.

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@drsensorshub.com.au

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