



# APPLICATION FOR MEMBERSHIP

Membership Renewal is due and payable on January 1, each year.

<input type="checkbox"/> Associate Membership: FREE		<input type="checkbox"/> MemberPlus Membership: \$25 (Jan – Dec 2023)		<input type="checkbox"/> Name Badge: \$15	
TITLE (PLEASE X)	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> MS	DATE OF BIRTH
SURNAME:			FIRST NAME:		
ADDRESS					
SUBURB			POST CODE:		
PHONE		HOME:		MOBILE:	
EMAIL ADDRESS:					
Occupation/Occupation Prior to Retirement:					
Do you currently receive funded services with Burnie Brae?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Registered with My Aged Care?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consent to a Burnie Brae staff member exploring your ability to use My Aged Care government funding towards relevant Members Activities?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, would you like one of our friendly members services team to contact you regarding access to funded services/activities?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to receive information about events, activities, promotions, news and updates – including our regular emailed newsletter?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require help with Technology?		Smartphone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Laptop: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tablet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about Burnie Brae? <input type="checkbox"/> Radio <input type="checkbox"/> Local Paper <input type="checkbox"/> Doctor <input type="checkbox"/> Web <input type="checkbox"/> Word Of Mouth					
Member Referred By (if applicable)	Full Name:				
Emergency Contact		Relationship			
Home / Work Phone		Mobile			
*** FORM MUST BE SIGNED BY APPLICANT TO BE VALID ***					
PLEASE SIGN HERE			DATE		
<b>PAYMENT OPTIONS (MEMBER PLUS ONLY)</b>					
<input type="checkbox"/> CASH / EFT – Pay only at Burnie Brae		<input type="checkbox"/> BURNIE BRAE DOLLARS – Pay only at Burnie Brae			
<input type="checkbox"/> CHEQUE – Post to 60 Kuran Street, Chermside, 4032					
<b>Please complete the next section if you wish to pay by credit card</b>					
<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA		<input type="checkbox"/> CREDIT CARD	
CARD NAME			CARD NUMBER		
EXPIRY DATE /			CCV		
PLEASE SIGN HERE			DATE		
OFFICE USE ONLY					
NOMINATOR	SIGNATURE NO.		NAME		MEMBER
SECONDER	SIGNATURE NO.		NAME		MEMBER
DATE:			RECEIPT NO:		
MEMBERSHIP NO.			Associated Club:		