



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		<input type="checkbox"/> Name Badge: \$10			
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							
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 an electronic version of the Burnie Brae Newsletter and current centre marketing information? <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							
Emergency Contact			Relationship				
Home / Work Phone			Mobile				
*** FORM MUST BE SIGNED BY APPLICANT TO BE VALID ***							
PLEASE SIGN HERE							
PAYMENT OPTIONS (MEMBER PLUS ONLY)							
<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 <i>Please complete the next section if you wish to pay by credit card</i>							
<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA		<input type="checkbox"/> CREDIT CARD			
CARD NAME			CARD NUMBER				
EXPIRY DATE /			CCV				
PLEASE SIGN HERE							
OFFICE USE ONLY							
NOMINATOR		SIGNATURE		NAME		MEMBER NO.	
SECONDER		SIGNATURE		NAME		MEMBER NO.	
DATE:			RECEIPT NO:				
MEMBERSHIP NO.			Associated Club:				