

Join as a Burnie Brae Member!

Apply today!

Membership is valid for the calendar year.

| | | |
|-----------------------------------|---------------------------------------|-------------------------|
| Associate Membership: FREE | MemberPlus Membership: \$25.00 | Name Badge: \$15 |
|-----------------------------------|---------------------------------------|-------------------------|

| | | | | | | | | |
|----------------------|--|-------------------------|----|-----|------|----|----|----|
| Date of birth | | Title (please ✓) | Mr | Mrs | Miss | Ms | Dr | Mx |
|----------------------|--|-------------------------|----|-----|------|----|----|----|

| | |
|---------|------------|
| Surname | First name |
|---------|------------|

| |
|---------|
| Address |
|---------|

| | |
|--------|----------|
| Suburb | Postcode |
|--------|----------|

| | |
|----------------|---------------|
| Contact number | Email address |
|----------------|---------------|

| | | |
|--|-----|----|
| Receive information about events, activities, promotions, news and updates – including our regular emailed newsletter? | Yes | No |
|--|-----|----|

| | | |
|-------------------------------------|------------------------|-------------------------|
| How did you hear about Burnie Brae? | Search engine (Google) | Social media |
| | Word of mouth | Advertising (Newspaper) |

EMERGENCY CONTACT

| | |
|-----------|---------------------|
| Full name | Relationship to you |
|-----------|---------------------|

| | |
|-----------------|--------|
| Home/Work phone | Mobile |
|-----------------|--------|

***** FORM MUST BE SIGNED BY APPLICANT TO BE VALID *****

| | |
|------------------|-------------|
| SIGNATURE | DATE |
|------------------|-------------|

| | |
|--|--|
| PAYMENT OPTIONS (MEMBERPLUS ONLY) | |
| CASH/EFT – Pay at Burnie Brae Reception | CHEQUE – Post to 60 Kuran Street, Chermside 4032 |

COMPLETE THE NEXT SECTION TO PAY BY CREDIT CARD

| | | |
|------------|------|-------------|
| MASTERCARD | VISA | CREDIT CARD |
|------------|------|-------------|

| | |
|-----------|-------------|
| Card Name | Card Number |
|-----------|-------------|

| | |
|----------------------------------|-----|
| Expiry Date / | CCV |
|----------------------------------|-----|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

OFFICE USE ONLY

| | | | |
|------------------|-----------|------|------------|
| NOMINATOR | Signature | Name | Member No. |
|------------------|-----------|------|------------|

| | | | |
|-----------------|-----------|------|------------|
| SECONDER | Signature | Name | Member No. |
|-----------------|-----------|------|------------|

| | |
|------|------------|
| Date | Receipt No |
|------|------------|

| | |
|----------------|-----------------|
| Membership No. | Associated Club |
|----------------|-----------------|

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