



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:					
Would you like us to email you with current centre marketing information?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to receive an electronic version of the Burnie Brae newsletter?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need help with technology, i.e laptop, tablet, or smartphone?				<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:		