

EASTERN GOLDFIELDS COMMUNITY CENTRE

Seniors Membership Application

MEMBER DETAILS	
Name	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>
Home Phone	<input style="width: 95%;" type="text"/>
Mobile Phone	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>
Date of Birth	<input style="width: 95%;" type="text"/>
Membership	<input type="checkbox"/> New <input type="checkbox"/> Renewal

EMERGENCY CONTACT DETAILS	
Name	<input style="width: 95%;" type="text"/>
Relationship	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>
Home Phone	<input style="width: 95%;" type="text"/>
Mobile Phone	<input style="width: 95%;" type="text"/>

WHAT ACTIVITIES ARE YOU INTERESTED IN?			
Dizzy Fingers	<input type="checkbox"/>	Gentle Gym	<input type="checkbox"/>
Indoor Bowls	<input type="checkbox"/>	50+ Exercise	<input type="checkbox"/>
Bingo	<input type="checkbox"/>	OWLS Group	<input type="checkbox"/>

I have read and agree to the conditions of the EGCC Seniors Handbook:

Members signature: _____ Date: _____