

Eastern Goldfields Community Centre Seniors Membership Application Form

- New Membership
 Renewal

MEMBER DETAILS		
Name:		
Address:		
Date of Birth:		
Contact Details:	<i>Home:</i>	<i>Mobile:</i>

EMERGENCY CONTACT DETAILS		
Name:		
Address:		
Relationship:		
Contact Details:	<i>Home:</i>	<i>Mobile:</i>

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

I agree to the conditions of the EGCC Seniors Handbook:

Name: _____

Signature: _____ **Date:** ____/____/____