

<input type="checkbox"/> New Member
<input type="checkbox"/> Membership Renewal

Membership Application/Annual Renewal Form 2017-2018

Last Name:	First Name:	DOB:
Phone:	Mobile:	Email Address:
Street Address:	Suburb:	Postcode:

Membership Fees (inc. GST)			
<input type="checkbox"/> Joining fee (New Members ONLY)	\$30.00	\$	_____
<input type="checkbox"/> Single Concession Card Holder (*)	\$30.00	\$	_____
<input type="checkbox"/> Single Non Concession	\$50.00	\$	_____
<input type="checkbox"/> Family Concession Card Holder (*)	\$50.00	\$	_____ (Please complete family members section below)
<input type="checkbox"/> Family Non Concession	\$90.00	\$	_____ (Please complete family members section below)
<input type="checkbox"/> I would like to make a donation to Westgate Health Co-op (Tax Deductible)		\$	_____
Total Amount Payable:		\$	_____

(*) A current Centrelink Concession Card must be shown at time of joining /renewing concession memberships

Additional Members on Family Membership		
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:
Last Name:	First Name:	DOB:

Membership Declaration

I understand that all members of Westgate Health Co-op Ltd. are bound by the guidelines of the Co-operative and all members are included in the register (a copy of the guidelines are available upon request).

Member Signature: _____ Date: _____

<p>OFFICE USE ONLY: (Please use codes as below in Coded Mediflex area)</p> <p>R - Family Head Concession T - Family Head Non Conc. P - Family Concession Q - Family Non Conc.</p> <p>S - Single Concession M- Single Non Conc.</p>	<p>Membership Group:</p>
	<p>Coded Mediflex: <input type="checkbox"/></p>
	<p>Checked contact details: <input type="checkbox"/></p>
	<p>Member ID:</p>
	<p>Staff Name:</p>
	<p>Date Processed:</p>