

# Membership Application / Annual Renewal Form

July 1st 2021–June 30th 2022

**New member** or  **Membership renewal**      Title: (Miss/Mrs/Mr/Dr etc.) \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

## ✓ **Membership Fees** (incl. GST)

<input type="checkbox"/> <b>Joining Fee</b> ( <i>new members ONLY</i> )	\$30.00	\$ _____
<input type="checkbox"/> <b>Single Concession Card Holder*</b>	\$30.00	\$ _____
<input type="checkbox"/> <b>Single Non-Concession</b>	\$50.00	\$ _____
<input type="checkbox"/> <b>Family Concession Card Holder*</b> ( <i>please complete family members section below</i> )	\$50.00	\$ _____
<input type="checkbox"/> <b>Family Non-Concession</b> ( <i>please complete family members section below</i> )	\$90.00	\$ _____
<input type="checkbox"/> <b>I would like to make a donation to Westgate Health Co-op</b> ( <i>tax deductible</i> )		\$ _____

\* A current Centrelink concession card must be shown at time of joining/renewing a concession membership

**Total Amount Payable \$** \_\_\_\_\_

## **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 the Westgate Health Co-operative Ltd. are bound by the rules of the Co-operative and all members are included in the register. (*The rules are available upon request or on the Westgate Health Website: [www.westgatehealth.coop](http://www.westgatehealth.coop)*) I understand that membership payment is for the financial year 1st July 2021 to 30th June 2022.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Please use codes below in Coded Mediflex area:

R – Family Head Concession      T – Family Head Non-Concession  
P – Family Concession              Q – Family Non-Concession  
S – Single Concession  
M – Single Non-Concession

Membership group	
Coded Mediflex	<input type="checkbox"/>
Checked contact details	<input type="checkbox"/>
Staff name	
Date processed	