OFFICE USE ONLY	
Receipt No.	_____
Date:	_____
Receipted By:	_____

Cnr. Coward and Aloha Streets Mascot
Phone 96932200 After Hours 0407234117

MASCOT SENIOR CITIZENS' ASSOCIATION
ASSOCIATE MEMBERSHIP APPLICATION 2021
(For residents who reside outside BAYSIDE COUNCIL)

_____ _____ _____
Surname Given Names Preferred Name

_____ _____
Address Post Code

_____ _____ ___/___/____
Home Phone No. Mobile Phone No. Date of Birth

_____
Name of Emergency Contact

_____ _____
Contact Home Phone No. Contact Mobile Phone No.

_____
Language(s) spoke other than English

_____
How did you find out about Mascot Seniors?

_____
What classes or activities interest you?

_____
Have you any interests/skills you would like to share with others?

I hereby apply to become a member of the Mascot Senior Citizens' Association. Upon my admission as a member, I agree to be bound by the rules of the Association, and understand that my application is subject to ratification at the next Management Committee Meeting. I also understand that members must be aged 55 or over, and not working full-time.

_____ _____
Applicant's Signature Date