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

**MASCOT SENIOR CITIZENS' ASSOCIATION
MEMBERSHIP APPLICATION 2021**

(For residents who reside within 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