



DATE: ____/____/202_

IPSWICH 60 AND BETTER PROGRAM INC.

ABN: 85 491 018 335

MEMBERSHIP FORM MEMBERSHIP RENEWAL FORM

MR MRS MS MISS: I _____

OF ADDRESS: _____

SUBURB _____ POSTCODE _____

PHONE _____ DATE OF BIRTH ____/____/____

EMAIL ADDRESS _____

Hereby apply for / renew my membership of the Ipswich 60 and Better Program Inc. I agree to abide by the rules of the Incorporation, Code of Ethics and Procedures and the By-laws of the Association. I undertake a program's activity at my own risk and acknowledge and voluntarily accept the level of risk relative to that activity. I understand that the membership fee is nonrefundable.

SIGNATURE OF APPLICANT _____

NEXT OF KIN IN AN EMERGENCY

NAME _____ PHONE _____

MEMBERSHIP FEE OF \$ _____ (GST INCLUSIVE) Fee payable by 31 July

PAYMENT METHOD ONLINE ATTACHED PAYMENT IN PERSON

NEWSLETTER REQUIREMENT (Please indicate which format you prefer your copy of the Newsletter) STANDARD A5 SIZE ENLARGED A4 SIZE AUDIO EMAIL (3MB)

DO YOU IDENTIFY AS MALE FEMALE OTHER

ABORIGINAL TORRES STRAIT ISLANDER CULTURALLY & LINGUISTICALLY DIVERSE

ANY HEALTH ISSUES YOU WANT US TO KNOW ABOUT? _____

EFT Payment: Heritage bank. BSB: 638 070 ACC: 7238657 REF: Your name plus Memb''.

OFFICE USE ONLY:

RECEIPT # _____ MEMBERSHIP # _____

PROPOSED BY (Please Print) _____ SIGNATURE _____

SECONDED BY (Please Print) _____ SIGNATURE _____

MANAGEMENT COMMITTEE ACCEPTANCE _____ ACCEPTANCE LETTER _____

CONSENT NAME _____ PHOTOGRAPHS _____

PLEASE TURN OVER PAGE TO COMPLETE

CONFIDENTIALITY AND CONSENT

I UNDERSTAND THAT INFORMATION COLLECTED ON THE MEMBERSHIP/RENEWAL FORM IS FOR THE SOLE PURPOSE OF DATA COLLECTION FOR THE IPSWICH 60 & BETTER PROGRAM INC. AND THAT NONE OF THIS INFORMATION WILL BE DISCLOSED TO A THIRD PARTY WITHOUT MY KNOWLEDGE.

I DO DO NOT

AGREE TO THE PUBLISHING OF MY NAME IN THE NEWSLETTER FOR A BIRTHDAY OR WELCOME ANNOUNCEMENT.

IN THE EVENT THAT PHOTOGRAPHS SHOULD BE TAKEN AT SPECIAL EVENTS

I DO DO NOT

AGREE TO THE PUBLISHING OF MY PHOTOGRAPH IN THE NEWSLETTER AND ON THE WEBSITE www.60andbetteripswich.com.au OR FOR THE SOLE PROMOTION OF IPSWICH 60 & BETTER PROGRAM INC. (PLEASE NOTE THAT ANY PHOTOGRAPHS INCLUDED ON THE WEBSITE IN PAST NEWSLETTERS CANNOT BE RETRACTED)

THIS CONFIDENTIALITY AND CONSENT FORM WILL REMAIN VALID UNLESS THE OFFICE IS ADVISED OTHERWISE.

NAME (Please Print) _____

SIGNED _____ DATE _____

ARE YOU CURRENTLY RECEIVING **SERVICES TO HELP AT HOME?** YES NO

WOULD YOU LIKE ANY FURTHER INFORMATION ABOUT SOCIAL GROUPS, ACTIVITIES OR HEALTH, HOUSING TRANSPORT SERVICES OR SUPPORT SERVICES?

ANY SUGGESTIONS? _____

WHAT IMPROVEMENTS CAN WE MAKE? _____



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