



## MEMBERSHIP RENEWAL FORM

### Applicant Details

• Name: \_\_\_\_\_

• Address: \_\_\_\_\_

• Phone: \_\_\_\_\_

• Email: \_\_\_\_\_

### Membership Type (tick one):

- Ordinary Member (voting)
- Service Member (non-voting)
- Both Ordinary & Service Member

### Eligibility Confirmation (tick all that apply):

- I am aged 50 years or older
- I am a carer / volunteer / or a person with disability (special consideration)

### Declaration

I acknowledge that I understand the Objective of the Association and undertake to uphold that objective and provide support to the Association whenever practical and possible.

Signed by Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Annual membership fee is determined by the Management Committee.