



Wynnum 60 & Better Program Inc
MEMBER APPLICATION FORM

Room 17,
105 Florence Street,
Wynnum Q 4178
Phone: 3348 6306

Your personal details:

\*First Name: ..... \*Last Name:.....

Male [ ] Female [ ]

\*Date of Birth: ...../...../..... (Required for our funding)

\*Residential Address:

.....

\*Post Code:

\*Ph (H)..... Ph (M).....

Email Address: .....

\*Emergency Contact Person (name) .....

Relationship to you and their phone no. ....

\*Please tick the appropriate box to indicate how you wish to receive you monthly newsletter-

Email [ ] Posted mail [ ] Collect from office [ ]

Do you identify as: (we are required to ask this by our funders)

Aboriginal & Torres Strait Islander [ ] YES [ ] NO

Culturally or Linguistically Diverse [ ] YES [ ] NO

Which Events are you interested in attending?

- [ ] Social
[ ] Exercise
[ ] Information/ Education sessions
[ ] Bus Trips
[ ] Cultural/Educational
[ ] Craft/ Art
[ ] Games/ Cards
[ ] Other:

We run education/ information sessions for our members. Are there are topics/ areas of interest you'd like us to cover?

.....  
.....

*Please read the below carefully before signing*

**PRIVACY**

Wynnum 60 & Better Program adheres to the National Privacy Principles as outlined in the Commonwealth Privacy Act 1988. The personal information you provide us is treated confidentially and will not be shared or disclosed to anyone unless we have your consent and/or it is required to by law. We provide de-identified statistical data (such as attendance data) to the Dept of Seniors as a condition of our funding. Your informed consent is required as a member of Wynnum 60 and Better Program Inc. Members have a right to access the personal information we collect at any stage by raising a request in writing. If you have concerns that we have breached privacy laws, you also have a right to make a formal complaint which would be investigated.

**VOLUNTARY ASSUMPTION OF RISK** – *You undertake a program’s activity at your sole risk and voluntarily accept the level of risk consequent with that activity.*

I understand that if I have a past/current medical condition that may interfere with my participation in an activity or exercise class, I am responsible for obtaining a medical clearance from my doctor before participating.

**PUBLICITY** - members assent to references to them, and pictures of them being published in our Newsletter and subject to member permission for other media.

I have read and understand the information provided to me above. *I have received a copy of the Code of Conduct and General Rules.*

I understand that my application is subject to my agreement to adhere to Wynnum 60 and Better Program Inc. Code of Conduct and General Rules and approval by the Management Committee. The information I have provided on this form is true and correct.

**REPORTING**

IN SIGNING THIS FORM, I GIVE PERMISSION FOR WYNNUM 60 & BETTER PROGRAMME INC. TO USE THE INFORMATION I HAVE PROVIDED, IN A DE-IDENTIFIED FORMAT, TO COMPLY WITH THE REPORTING REQUIREMENTS OF THEIR SERVICE AGREEMENT.

**By signing this form, I am agreeing to the terms and conditions of membership as noted above.**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PROPOSER: \_\_\_\_\_ DATE: \_\_\_\_\_

SECONDER: \_\_\_\_\_ DATE: \_\_\_\_\_