

Membership Application / Annual Renewal Form

July 1st 2023 - June 30th 2024

☐ **New member** or ☐ **Membership renewal** Title: (Miss/Mrs/Mr/Dr etc.) _____

Last name: _____ First name: _____ DOB: _____

Phone: _____ Mobile: _____ Email: _____

Address: _____ Suburb: _____ Postcode: _____

Medicare Number: _____ Exp Date: _____ HCC/Pension Card: _____ Exp Date: _____

✓ **Membership Fees** (incl. GST)

☐ **Joining Fee** (new members ONLY) \$30.00 \$ _____

☐ **Single Concession Card Holder*** \$30.00 \$ _____

☐ **Single Non-Concession** \$50.00 \$ _____

☐ **Family Concession Card Holder*** (please complete family members section below) \$50.00 \$ _____

☐ **Family Non-Concession** (please complete family members section below) \$90.00 \$ _____

☐ **I would like to make a donation to Westgate Health Co-op** (tax deductible) \$ _____

* A current Centrelink concession card must be shown at time of joining/renewing a concession membership

Total Amount Payable \$ _____

Additional Members on Family Membership

Last name: _____	First name: _____	DOB: _____
Last name: _____	First name: _____	DOB: _____
Last name: _____	First name: _____	DOB: _____
Last name: _____	First name: _____	DOB: _____
Last name: _____	First name: _____	DOB: _____
Last name: _____	First name: _____	DOB: _____
Last name: _____	First name: _____	DOB: _____

Membership Declaration

I understand that all members of the Westgate Health Co-operative Ltd. are bound by the rules of the Co-operative and all members are included in the register. (The rules are available upon request or on the Westgate Health Website: www.westgatehealth.coop) I understand that membership payment is for the financial year 1st July 2023 to 30th June 2024.

Member signature: _____ Date: _____

OFFICE USE ONLY

Membership group	
Pracsoft updated	<input type="checkbox"/>
Checked contact details	<input type="checkbox"/>
Staff name	
Date processed	