

COA Sydney Incorporated 25 Rowe St, Woollahra, 2025

Tel: 02 - 9389 0035

Email: coa@coasydney.org Web: www.coasydney.org

MEMBERSHIP APPLICATION

Pensioners: Single \$40.00 Couple \$50.00 Non-Pensioners: Single \$45.00 Couple \$60.00

[Payment covers January to December each year] [Payment includes GST]

(Note: Payments made from October 1st cover membership till the end of the following year)

Applicant				
Title	First Name	Surname		
ofStreet Address		Post Code		
Home Phone	Mobile	Email		
Country of Birth	Date of Birth	Religion		
	Pension No.	DVA		
I am a Holocaust Survivor: Ye	s / No			
I permit COA to use photographs/videos of me Yes / No and my name Yes / No in Media				
I am interested in Volunteering at	COA: Yes / No			
I am registered with My Aged Care	e (MAC) - my MAC number is			
, ,				
Partner Applicant				
I				
Title	First Name	Surname		
of				
Street Address		Post Code		
Home Phone	Mobile	Email		
Country of Birth	Date of Birth	Religion		
Medicare No.	Pension No.	DVA		
I am a Holocaust Survivor: Yes / No				
I permit COA to use photographs/videos of me Yes / No and my name Yes / No in Media				
I am interested in Volunteering at COA: Yes / No				
I am registered with My Aged Care (MAC) - my MAC number is				

Contact Person in case of an Emergency:

Name1:	Relationship:POA/EG			
Ph. No	Mobile:			
Name2:	Relationship: POA/EG			
Ph. No	Mobile:			
Name3:	Relationship: POA/EG			
Ph. No	Mobile:			
Da stade Name	Di. N.			
Doctor's Name:	Ph. No			
Address:				
I hereby apply to become a member of the COA.				
Signature of Applicant Date				
Signature of Partner Applicant Date				
OFFICE USE ONLY:				
Membership No:				
Computer ID No:				
Receipt No:				
Paid by Cheque: S Cash:	\$ Credit Card: S			

COA Membership Credit Card Form

Pensioners:	☐ Single \$40.00	☐ Couple \$50.00		
Non-Pensioners:	☐ Single \$45.00	☐ Couple \$60.00		
	[Payment includes GST]]		
[Membership is	January 1st to Decembe	r 31st each year]		
Please charge my Credit Car	rd			
NB: The credit card details will be kept for one month in secure locker and then destroyed				
□Dr □Mr □Mrs □Ms				
First Name:	Family Name:			
Address:				
Post Code:				
Membership: \$ Card Type: MasterCard Visa				
Card Number:				
Expiry Date:/ CVV S	ignature:			
Print Cardholders Name:				