



**GOODWIN**  
THE BETTER LIFE CHOICE

**GOODWIN COMPANY MEMBERSHIP APPLICATION FORM**

*1 July 2016 to 30 June 2017 or part thereof*

**1. NEW MEMBER PERSONAL DETAILS:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (H/B): \_\_\_\_\_ (M): \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. SELECT ONE OF THE FOLLOWING: Payment of \$10.00 enclosed: YES | NO**

I am a Goodwin Resident *(One off payment of \$10.00 on application)*

I am a Goodwin Employee *(annual payment of \$10.00 due 31 July each year)*

I am a non Goodwin Resident *(annual payment of \$10.00 due 31 July each year)*

**3. FOR NON GOODWIN RESIDENT'S ONLY:**

*What is your interest in the Aged Care industry? (max 25 words)*

*How will this interest be advanced by your Goodwin Membership? (max 25 words)*

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

*Please return this form with payment to:  
Executive Officer - 22 Marshall Street Farrer ACT 2607  
or to your nearest Goodwin Village Reception personnel.*

**Office Use Only:** Payment Received by: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

*NB: Please forward this application and a copy of the receipt to the Executive Officer at Farrer Central Admin*