



GOODWIN COMPANY MEMBERSHIP APPLICATION FORM

*The Membership Application Fee for each new applicant, for the period of:
1 July 2017 to 30 June 2018 or part thereof is: \$10.00*

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: YES | NO

Payment of \$10.00 enclosed:

<input type="checkbox"/>	I am a Goodwin Resident <i>(One off payment of \$10.00 on application)</i>
<input type="checkbox"/>	I am a Goodwin Employee <i>(annual payment of \$10.00 due 31 July each year)</i>
<input type="checkbox"/>	I am a non Goodwin Resident <i>(annual payment of \$10.00 due 31 July each year)</i>

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