



GOODWIN COMPANY MEMBERSHIP APPLICATION FORM

**The Membership Application Fee for each new applicant, for the period of:
1 July 2018 to 30 June 2019 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 30 June each year)</i>
<input type="checkbox"/> I am a non Goodwin Resident <i>(annual payment of \$10.00 due 30 June each year)</i>

3. FOR NON GOODWIN RESIDENT'S ONLY:

<p>What is your interest in the Aged Care industry? (max 25 words)</p> <p>How will this interest be advanced by your Goodwin Membership? (max 25 words)</p>
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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: _____
<i>NB: Please forward this application and a copy of the receipt to the Executive Officer at Farrer Central Admin</i>