

**HAWKESBURY DISTRICT SENIOR CITIZENS CENTRE**  
**114 MARCH STREET RICHMOND NSW 2753**  
**PHONE/FAX: 45 782072**

**APPLICATION FOR MEMBERSHIP**

**DATE:** .....

**SURNAME:** .....

**CHRISTIAN NAME:** .....

**ADDRESS:** .....

..... **POSTCODE:** .....

**PHONE NO:** .....

**RELIGION (OPTIONAL):** .....

**DATE OF BIRTH:** .....

**NAME OF FAMILY DOCTOR:** .....

**ADDRESS:** .....

.....

**PHONE NO:** .....

**LIST OF MEDICATION: MEDICAL PROBLEMS:** .....

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**CONTACT PERSON IN CASE OF ACCIDENT:** .....

.....

**ADDRESS:** .....

**PHONE – HOME:**..... **WORK:** .....

**SIGNATURE:** .....