

PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC. (PLSA)

OF23 ASSOCIATION MEMBERSHIP APPLICATION

Surname:

Christian Name:

NT Seniors Card Number:

Date of Birth:

Email Address:

Current Contact Details:

Home: _____

Mobile: _____

Current Residential Address:

Current Postal Address:

Are you of Aboriginal or Torres Strait Islander origin?

YES NO

Do you speak a language other than English in the home?

YES NO

If yes, what is this language?

Who do we contact in an emergency?

Name: _____

Current Emergency Contact Details:

Home: _____

Mobile: _____

Do you have a Current Carer?

YES NO

Current Name of your Carer:

Name: _____

Current Carer Contact Details:

Home: _____

Mobile: _____

Please Turn Over

Form:	OF23 – Association membership Application	Version 4.0
Updated: 01 January 2024	Updated By: Public Officer	Review Date: 31 January 2025
PLSA Administration Update 2024/Operation Forms 2024		Approved: PLSA Mgt. Team
Palmerston and Litchfield Seniors Association Inc. (PLSA)		

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Is there any medical condition that the PLSA should be aware of? (This may include diabetics, heart issues or allergies – do you carry the relevant medication with you?)

	YES		NO
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If yes, please provide details.

Acceptance Statement:

In signing this form, you agree to:

- **accept assistance from a PLSA Committee Member.**
- **give approval to the PLSA to use images of yourself in accordance with our current policy documents QF51 – Photo-Video-Audio Image Use and QF52 - Photo-Video-Audio Image Use Release Authorisation.**
- **acknowledge that whilst all reasonable care will be taken by the PLSA you undertake events at your own risk.**

The above clause ensures the PLSA's compliance with the NT Unified Work Health Act.

Signature Block:

Signature

Date:

2024

PLSA ADMINISTRATION ONLY:

Residential Address Proof: (Driver's Licence, Identity Card, Council Rates)

	YES		NO	PLSA Committee Member initials
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Form Received by the PLSA:

Date: _____ 2024

Membership Fee Paid:

Date: _____ 2024

Receipt Number:

Payment Amount:

\$ _____

Membership Card Date Issued:

Date: _____ 2024

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