

# PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC. (PLSA)

## ASSOCIATION MEMBERSHIP APPLICATION (NEW/RENEWAL)

**Surname:**

**Christian Name:**

**Age Identity Evidence:**

NT Seniors Card Number:	<input style="width: 85%;" type="text"/>
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**OR**

Driver's Licence No:	<input style="width: 85%;" type="text"/>
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**OR**

18+ Card Number:	<input style="width: 85%;" type="text"/>
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**Date of Birth:**

**Email Address:**

**Current Contact Details (Telephone Number/s):**

Home:	<input style="width: 85%;" type="text"/>
Mobile:	<input style="width: 85%;" type="text"/>

**Current Residential Address:**

**Current Postal Address:**

**Do you have a partner/companion?**

<input style="width: 60px; height: 20px;" type="text"/>	YES	<input style="width: 60px; height: 20px;" type="text"/>	NO
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**Are you widowed or divorced?**

<input style="width: 60px; height: 20px;" type="text"/>	YES	<input style="width: 60px; height: 20px;" type="text"/>	NO
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**Are you of Aboriginal or Torres Strait Islander decent?**

<input style="width: 60px; height: 20px;" type="text"/>	YES	<input style="width: 60px; height: 20px;" type="text"/>	NO
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**Do you speak a language other than English at home?**

<input style="width: 60px; height: 20px;" type="text"/>	YES	<input style="width: 60px; height: 20px;" type="text"/>	NO
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**If yes, what is this language?**

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**Who do we contact in an emergency?**

Name: <input style="width: 90%;" type="text"/>
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**Current Emergency Contact Details:**

Home: <input style="width: 95%;" type="text"/>
Mobile: <input style="width: 95%;" type="text"/>

**Do you have a Current Carer?**

<input style="width: 60px; height: 20px;" type="text"/>	YES	<input style="width: 60px; height: 20px;" type="text"/>	NO
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**Current Name of your Carer:**

Name: <input style="width: 95%;" type="text"/>
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**Current Carer Contact Details (A phone number contact):**

Home: <input style="width: 95%;" type="text"/>
Mobile: <input style="width: 95%;" type="text"/>

Please Turn Over

Form:	OF23	Association Membership Application (New/Renewal)	Version 4.2
Updated: 01 January 2026	Updated By: Public Officer	Review Date: 31 January 2027	Approved: PLSA Mgt. Team
PLSA Administration Update 2026/Operation Forms 2026		Palmerston and Litchfield Seniors Association Inc. (PLSA)	

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

YES      NO

**If yes, could you please provide us with the details.**

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**Acceptance Statement:**

In signing this form, you agree to:

- accept assistance from a PLSA Committee Member, if in their opinion it is required.
- 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.
- updated information to the PLSA if any of your details change.
- acknowledge that whilst all reasonable care will be taken by the PLSA, you undertake events at your own risk.

**Signature Block:**

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**Signature**

**Date:**

/2026

**Proof of Identity:**

If this is your initial application to join the Association, the following documents will be required for proof of identity:

- 1) Age Identity Evidence (Minimum age 60 years young)
- 2) Residential Address Evidence (A Post Office Box address is not acceptable)

### PLSA ADMINISTRATION ONLY:

**Residential Address Evidence:**

(Driver's Licence, Identity Card, Council Rates)

	<b>YES</b>		<b>NO</b>	Committee Member initials
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**Form Received by the PLSA:**

Date: \_\_\_\_\_ /2026

**Membership Fee Paid:**

Date: \_\_\_\_\_ /2026

**Receipt Number:**

**Payment Amount:**

\$30.00

**Membership Card Date Issued:**

Date: \_\_\_\_\_ /2026

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