

2025 Membership Form

Annual Fee Pro Rata Fees

1 Jan - 31 Dec: \$59.50 per person / \$114.00 per couple 1 April - 31 Dec: \$44.75 per person / \$85.50 per couple 1 July - 31 Dec: \$29.75 per person / \$57.00 per couple 1 Oct - 31 Dec: \$15.00 per person / \$28.50per couple

| Applicant Information – Member 1 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------|--|--------|
| Mr / Mrs / Ms (please circle) | Full Name: | | | |
| Date of Birth: | | Mobile: | | Phone: |
| Address: | | | | |
| * Vehicle Rego: | | *Rangers will be using number plate recognition when patrolling our carpark | | |
| Email address: Please provide your email address if you would like to receive upcoming event news including our newsletter by email. | | | | |
| Applicant Information – Member 2 (Couples membership) | | | | |
| Mr / Mrs / Ms (please circle) | Full Name: | | | |
| Date of Birth: | | Mobile: | | Phone: |
| Address: AS ABOVE | | | | |
| * Vehicle Rego: | | | | |
| Emergency Contact Information | | | | |
| Full Name: | | | | |
| Phone: | Relationship: | | | |
| Please tell us how you found out about City of Mandurah Seniors: | | | | |
| On paying a membership fee to Mandurah Seniors and Community Centre you are agreeing to abide by our Code of Conduct. A copy of this is displayed in our foyer and you can also obtain a copy from Seniors staff. | | | | |
| OFFICE USE ONLY Paid by: Cash Cheque EFTPOS Single \$59.50 Couple \$114.00 January – December Single \$44.75 Couple \$85.50 April – December Single \$29.75 Couple \$57.00 July – December Single \$15.00 Couple \$28.50 October – December Receipt No: Date: Signed: | | | | |

