



Warwick *Friendly* Society

# Membership Application

Type of Membership

General

Family

Name:

Address:

Town:

Postcode:

Year of Birth: (MM/YY) /

Phone:

E-mail:

Name of Joint Member/s:

Signature:

Date: / /

Tick to receive

Notice of meetings\*

Financial Reports and Statements\*

\*Provided by email unless otherwise advised.

## Pharmacy use only

Member No.

Staff Member

Store

Fee

Concession Cardholder

The information on this form will be used to register you for membership, to provide you with information about the Society and to manage your membership. The collection of the information is required or authorised by our Membership Terms and Conditions which are available in store or on our website [warwickfriendlysociety.com.au](http://warwickfriendlysociety.com.au). By submitting this application, you agree that you have read and accept our terms and conditions. Membership is subject to approval by the Board of the Society. If you do not provide us with and allow us to use the personal information we have requested we will not be able to register you. If you would like to change or cancel your membership at any time please speak with any of our staff.