



Cnr. Coward and Aloha Streets Mascot
Phone 9693 2200 After Hours 0407234117

OFFICE USE ONLY

Receipt No. _____

Date: _____

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**MASCOT SENIOR CITIZENS' ASSOCIATION
MEMBERSHIP APPLICATION 2025**

PLEASE CIRCLE ONE – RESIDENT OF BAYSIDE COUNCIL

YES OR NO

Surname Given Names Preferred Name

Address

Suburb Post Code

Home Phone No. Mobile Phone No. / /
Date of Birth

Name of Emergency Contact

Contact - Home Phone No. Contact - Mobile Phone No.

Language(s) spoken other than English

How did you find out about Mascot Seniors?

What classes or activities interest you?

Have you any interests/skills you would like to share with others?

I hereby apply to become a member of the Mascot Senior Citizens' Association. Upon my admission as a member, I agree to be bound by the rules of the Association, and understand that my application is subject to ratification at the next Management Committee Meeting.

Applicant's Signature

Date