**Membership Fee**

🞎**Family:** $50.00 🞎**Family Concession:** $40.00 🞎**Single:** $30.00 🞎**Single Concession:** $20.00  
­

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** M/F

**Date of birth**  🞎🞎-🞎🞎-🞎🞎 🞎**Aboriginal** 🞎**Torres Strait Islander**

**Residential Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medicare** 🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 **Ref** 🞎 **EXP**🞎🞎-🞎🞎🞎🞎  
**Concession** 🞎🞎🞎-🞎🞎🞎-🞎🞎🞎🞎**Type:** Pension/ Vet.Aff/CC **EXP**🞎🞎🞎🞎🞎🞎

**Next of Kin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** M/F

**Date of birth**  🞎🞎-🞎🞎-🞎🞎 🞎**Aboriginal** 🞎**Torres Strait Islander**

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**Medicare** 🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 **Ref** 🞎 **EXP**🞎🞎-🞎🞎🞎🞎  
**Concession** 🞎🞎🞎-🞎🞎🞎-🞎🞎🞎🞎**Type:** Pension/ Vet.Aff/CC **EXP**🞎🞎🞎🞎🞎🞎

**Next of Kin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** M/F

**Date of birth**  🞎🞎-🞎🞎-🞎🞎 🞎**Aboriginal** 🞎**Torres Strait Islander**

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**Medicare** 🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 **Ref** 🞎 **EXP**🞎🞎-🞎🞎🞎🞎  
**Concession** 🞎🞎🞎-🞎🞎🞎-🞎🞎🞎🞎**Type:** Pension/ Vet.Aff/CC **EXP**🞎🞎🞎🞎🞎🞎

**Next of Kin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of birth**  🞎🞎-🞎🞎-🞎🞎 🞎**Aboriginal** 🞎**Torres Strait Islander**

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**Medicare** 🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 **Ref** 🞎 **EXP**🞎🞎-🞎🞎🞎🞎  
**Concession** 🞎🞎🞎-🞎🞎🞎-🞎🞎🞎🞎**Type:** Pension/ Vet.Aff/CC **EXP**🞎🞎🞎🞎🞎🞎

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**Date of birth**  🞎🞎-🞎🞎-🞎🞎 🞎**Aboriginal** 🞎**Torres Strait Islander**

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**Medicare** 🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 **Ref** 🞎 **EXP**🞎🞎-🞎🞎🞎🞎  
**Concession** 🞎🞎🞎-🞎🞎🞎-🞎🞎🞎🞎**Type:** Pension/ Vet.Aff/CC **EXP**🞎🞎🞎🞎🞎🞎

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**Medicare** 🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 **Ref** 🞎 **EXP**🞎🞎-🞎🞎🞎🞎  
**Concession** 🞎🞎🞎-🞎🞎🞎-🞎🞎🞎🞎**Type:** Pension/ Vet.Aff/CC **EXP**🞎🞎🞎🞎🞎🞎

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**Membership entitles you to:** Free visits to CVBNC during business hours, reduced fees for physiotherapy and podiatry  
**All clients must pay for:** Medications, out of hours visits, out of Centre visit  
**Memberships Free for all Staff and Volunteers of CVBNC**