



Cann Valley Bush Nursing Centre

27 Monaro Highway Cann River Vic 3890

ABN: 69 461 662 367 REG: A11159

Nurse - 5158 6274 Admin - 5158 6210

Email: cvbncadmin@gha.net.au

www.cannvalleybnc.com.au

# Annual membership notice

## 2017/2018 memberships are due on July 1 2017

### Membership entitles you to;

Free visits to the centre within centre hours

Reduced fees for Physiotherapist & Podiatrist

**All clients** must pay for: Medications Dressings Out of hour's visits Out of centre visits

### Membership Fees:

*Please tick*

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> Family:            | \$30.00 | <input type="checkbox"/> Single:            | \$20.00 |
| <input type="checkbox"/> Family Concession: | \$20.00 | <input type="checkbox"/> Single Concession: | \$15.00 |

Please fill in the following details & include all family members to be covered by your membership.

Member 1 \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Contact No: \_\_\_\_\_

Member 2 \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Contact No. \_\_\_\_\_

Member 3 \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Contact No. \_\_\_\_\_

Member 4 \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Contact No. \_\_\_\_\_

Member 5 \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Contact No. \_\_\_\_\_

Member 6 \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Contact No. \_\_\_\_\_

**Medicare card No.** \_\_\_\_\_

if more than one card number, please include other number and state name(s) on that card.

Residential address: \_\_\_\_\_ Email: \_\_\_\_\_  
if you would like us to email activities/notices/flyers to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please turn over for emergency contact information →



Cann Valley Bush Nursing centre acknowledges the support of the Victorian Government

# Emergency Contact Information

The following information is important in an emergency.

In Case of an emergency who would you like us to contact?

Please include full names and phone numbers.

Member 1 Contact: Name \_\_\_\_\_ Phone No \_\_\_\_\_

Member 2 Contact: Name \_\_\_\_\_ Phone No \_\_\_\_\_

Member 3 Contact: Name \_\_\_\_\_ Phone No \_\_\_\_\_

Member 4 Contact: Name \_\_\_\_\_ Phone No \_\_\_\_\_

Member 5 Contact: Name \_\_\_\_\_ Phone No \_\_\_\_\_

Member 6 Contact: Name \_\_\_\_\_ Phone No \_\_\_\_\_