

**Application for Membership  
Rockhampton 60 & Better Program Inc**

**Annexure 8 Application for Membership February 2025**

“Rockhampton 60 & Better Program Inc.” welcomes your application for membership. Rockhampton 60 & Better Program Inc. abides by our Code of Conduct, our Rights and Responsibilities, Privacy/Confidentiality & Complaints policies. Where possible all activities have disabled access and facilities. Your application form will be destroyed when you are no longer a Member of the association.

**Client Charter**

*Rockhampton 60 & Better Program Inc. aims to enable older people at a local community level to participate in informed decision and activities that positively affect their health and well-being.*

**Name of Applicant** \_\_\_\_\_ **Gender** F  M

**Phone no.** \_\_\_\_\_

**Mobile no** \_\_\_\_\_

**Email** \_\_\_\_\_ **Mail out** Yes  No


**Address** \_\_\_\_\_ **Suburb** \_\_\_\_\_ **P/C** \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Age (please tick)**  50-60  60-70  70-75  75-85  85 over

**Existing member**  **New member**  **Returning member**

**How did you hear about the program?** .....

- Consent to use photographs for promotional services Yes  No
- Aboriginal &/or Torres Strait Islander Origin? Yes  No
- Do you have a Multi-Cultural Background? Yes  No
-  Can we contact you via Facebook Yes  No

Privacy Notice: I understand that information collected is for the purpose of data collection for the Rockhampton 60 & Better Program Inc. Also reporting to the Department of Communities-Queensland Government as required. Any personal information that is used to report to the Queensland Government will be de-identified and none of this personal information will be shared with any other party without my knowledge. Also, that I can request access to the information kept about me at any time.

**Cut here**-----

**Members receipt: Administration fee \$5 Bi-annually. Paid**  **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Please print**

**Cut here**-----

**Members name** \_\_\_\_\_ **Please print**

**Office copy: Date** \_\_\_\_\_ **Signed** \_\_\_\_\_ (on behalf of the Program.)

\*PLEASE COMPLETE BACK OF FORM\*

**Are there any topics you would like information on? For example: (please tick)**

Social activities  health  housing  improving physical mobility  Home assistance   
Other (please indicate)

**What activities are you interested in?**

social trips, lunches  cards  day trips  holidays  Information sessions  Craft  Line  
Dance  Yoga  Tai Chi  Croquet  Ten Pin  Dance Health  Mosaic  Board Games   
Holidays

**Are there any health issues you would like us to know about?**

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**Rockhampton 60 & Better Program Inc Contact Details**

Postal and Physical:

Address 1/248 Quay Street Rockhampton QLD 4700

Phone 49140065 mobile 0437398990

Email: rocky60better@outlook.com

**Members signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Accepted by the Management Committee/Manager**

**Dated** \_\_\_\_\_

**Proposer (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Secunder (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_