



FERNLEA COMMUNITY HOUSE

MEMBERSHIP APPLICATION FORM 2026/27

Annual Membership type (financial year) – GST inclusive

- Adult \$16.50**
 Family \$27.50
 Pensioner / Concession \$11.00
 Friends of Fernlea \$55.00
 Club / Company \$60.50

Preferred Name:		First Name:		Last Name:	
Birthday:		Birthplace:		Primary Language:	
Gender: <input type="checkbox"/> Female		<input type="checkbox"/> Inter-sex		<input type="checkbox"/> Male	
				<input type="checkbox"/> Non-binary	
				<input type="checkbox"/> Transgender	
Visa Type:			Year of Arrival in Australia:		
Email Address:					
Mobile Phone:			Phone:		
Preferred Contact Method: <input type="checkbox"/> Email		<input type="checkbox"/> Mobile		<input type="checkbox"/> Phone	
Street Address:			Suburb:		Post Code:

Names of family members at same address if family m/ship or attending courses at the House:

First Name:	Surname:	General Interest:

EMERGENCY CONTACT NAME:		Relation to Member:	
EMERGENCY CONTACT EMAIL:			
EMERGENCY CONTACT MOBILE:			

Please answer the following two questions if you require additional support from us:

1. Do you use any mobility aids? If so, please specify: _____
2. Do you have a medical condition. If so, please specify: _____

Do you provide unpaid care and support to family members and/or friends with a disability, mental illness, chronic health issue or an older person with care needs: Yes No

How did you hear about the Centre? • Past Member • Friend • Picked up Brochure • Letterbox • Fernlea Respite Centre • Website • Other: _____

Would you like to receive our term program via email? Yes No



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AUTHORISATIONS (please tick):

- I do** **I do not** give permission for photos of myself or family, taken at the Fernlea Community House, to be used for promotional purposes, including on the FCH website, FCH's social media pages and the Term Program booklet.
- I consent to** participating in the Emergency Evacuation drills performed at Fernlea Community House if I or family members listed are present at the time. This may include assembling outside.
- I agree** to abide by the rules, aims and objectives of the Fernlea Community House, governed by the Board of Directors. The Member Code of Conduct is displayed at reception and a copy available upon request. All information collected by Fernlea Community Care will remain confidential.
- I understand** the annual membership rolls over automatically each financial year unless I advise the office in writing I no longer wish to be a member.

Acceptance of your membership application is subject to final approval by Management. You will be informed in writing of the outcome of your application. Should there be any reason that your application is not approved, your application fee will be refunded in full.

Please return this membership form to Fernlea Community House or via email fch@fernlea.com.au

Signed: _____ Date: ____/____/____

OFFICE USE ONLY	
Date Processed	
Method of Payment	
Membership Number	