

Join as a Burnie Brae Member!

Apply today!

Membership is valid for the calendar year.

<input type="checkbox"/> Associate Membership: FREE		<input type="checkbox"/> MemberPlus Membership: \$25		<input type="checkbox"/> Name Badge: \$15					
DATE OF BIRTH	Title (please ✓)		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Mx	
Surname			First name						
Address									
Suburb				Postcode					
Contact number			Email address						
Would you like to subscribe to receive emails from Burnie Brae?			Yes <input type="checkbox"/>		No <input type="checkbox"/>				
I'm interested in receiving emails about:									
Monthly Newsletter <input type="checkbox"/>									
Member Events & Activities <input type="checkbox"/>									
Allied Health Services <input type="checkbox"/>									
EMERGENCY CONTACT									
Full name				Relationship to you					
Home/Work phone				Mobile					
*** FORM MUST BE SIGNED BY APPLICANT TO BE VALID ***									
SIGNATURE						DATE			
PAYMENT OPTIONS (MEMBERPLUS ONLY)									
<input type="checkbox"/> CASH/EFT - Pay at Burnie Brae Reception				<input type="checkbox"/> CHEQUE - Post to 60 Kuran Street, Chermside 4032					
COMPLETE THE NEXT SECTION TO PAY BY CREDIT CARD									
<input type="checkbox"/> MASTERCARD			<input type="checkbox"/> VISA			<input type="checkbox"/> CREDIT CARD			
Card Name				Card Number					
Expiry Date /				CCV					
Signature				Date					
OFFICE USE ONLY									
NOMINATOR	Signature		Name			Member No.			
SECONDER	Signature		Name			Member No.			
Date				Receipt No					
Membership No.				Associated Club					

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