

# Application for Associate Membership

## Benefits

- Join in social centre activities, friendship groups and outings
- Have access to the newsletter
- Participate in special events and celebrations
- Associate Membership Fee: \$10.00 per annum

Name:.....

Address: .....

Phone: Hm: ..... Mob: .....

Email: .....

Interests / Activities .....

I am vision impaired  I am a spouse / family member

I am the carer of a member  Name of member .....

## Your Emergency Contact Details

Name of Emergency Contact .....

Phone: Hm: ..... Mob: .....

Relationship .....

Please note: In the case of a medical emergency, an ambulance will be called. Ambulance costs shall be the responsibility of the Associate Member.

I have been provided with a copy of the current Beyond Blindness Associate Member Policy and agree to abide by the Policy.

Signature:.....

Date:.....

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