



The Village

Foundation Membership Application Form

Title:	Family Name:		
First Name:	Preferred Name:		
Date of birth:			
Address:			
Suburb:		Post Code:	
Mobile Phone:		Home Phone:	
Email:			
Gender: (please circle)	Male	Female	Other
Country of birth:			
Are you of Aboriginal or Torres Strait Islander Descent (please circle) YES NO			
Aboriginal: YES NO		Torres Strait Islander Descent: YES NO	
Do you speak a language other than English at home? NO YES (SPECIFY)			
Household composition: (please circle) Live alone, with family, with partner, board			
Do you have a disability?: (please circle) YES NO			

I agree to give feedback (constructive or otherwise) about any activity or event I attend that has been organised through The Village. I shall also make suggestions of events and activities that could be organised through The Village.

I shall also encourage others to become part of The Village to enable older people to continue to stay in their own homes as they age.

I also agree, if possible, to trial the use of the "Spark" app and give feedback regarding the app, its application and any of the technology developed for The Village.

By signing this application form, you agree to the collection and secure storage of your private information.

Signature: _____ Date: _____

Office use only:	
Date application received:	_____
Date application approved:	_____ Denied: _____
Date applicant contacted: _____	