

# TRINITY SCHOOL FOR SENIORS MEMBERSHIP REGISTRATION FORM

## SEMESTER 1 2012

PERSONAL DETAILS			
First Name:			
Family Name:			
Date of Birth:        /        /			
Country of Birth:			
Address:			
Suburb:		Post Code:	
Phone:			
Email:			
Home Language:		How did you hear about TSFS:	
Please indicate with a <b>X</b> any area of special need or fill in any other information that would have an impact on your membership in the TSFS community			
<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning	<input type="checkbox"/> Mobility	
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical	<input type="checkbox"/> Language	
Any other information :			
Emergency Contact Details:			
Name:			
Phone:			
DECLARATION			
<ul style="list-style-type: none"> <li>I declare that the information I have provided is correct</li> <li>I understand that my personal information will be handled in accordance with the Privacy Act Legislation</li> <li>I support Trinity School for Seniors in maintaining a safe place for all, treating all students and staff with respect and caring for the well-being of the community.</li> </ul> <p style="text-align: right; margin-right: 50px;">----- Signature</p>			
CLASS SELECTION			
On the reverse side of this form are the lists of classes available for your selection.			
PAYMENT METHOD - <i>please circle</i>			
Cash	Cheque/ Money Order (made payable to <b>Uniting Church in the City</b> )	Eftpos/Credit Card	
Name on card ( <i>only for postal payment</i> )	Signature		Visa/Master
\$	Card Number	Expiry date	Verification No.
<b>Office Use Only</b>		\$	...../...../.....