



# GOODWIN COMPANY MEMBERSHIP APPLICATION FORM

***The Membership Application Fee for each new applicant is: \$10.00***

**1. NEW MEMBER PERSONAL DETAILS:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (H/B): \_\_\_\_\_ (M): \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your preference for receiving membership correspondence? Email  Paper

**2. SELECT ONE OF THE FOLLOWING:      Payment of \$10.00 enclosed: YES | NO**

I am a Goodwin Resident *(One off payment of \$10.00 on application)*

I am a Goodwin Employee *(annual payment of \$10.00 due 30 June each year)*

I am a non-Goodwin Resident *(annual payment of \$10.00 due 30 June each year)*

**3. PAYMENT OPTIONS:**

1. Payment at any Goodwin Village Reception

2. Via Cheque to the address below

3. Direct Transfer: Goodwin Aged Care Services Limited  
Bsb: 062 – 900  
Account Number: 1086 8311  
Please include your surname as the reference

**4. FOR NON-GOODWIN RESIDENT’S ONLY:**

***What is your interest in the Aged Care industry? (max 25 words)***

  
  

***How will this interest be advanced by your Goodwin Membership? (max 25 words)***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form with payment to:*  
**Executive Assistant – Level 3 | 22 Marshall Street Farrer ACT 2607**  
*or to your nearest Goodwin Village Reception personnel.*

**Office Use Only:**      Payment Received by: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

*NB: Please forward this application and a copy of the receipt to the Executive Assistant at Mawson Corporate Office*