



Older People Speak Out (OPSO)

PO Box 1037, Mount Gravatt QLD 4122

Email: info@opso.com.au

Website: <http://www.opso.com.au/> ABN: 40-936-702-414

Membership Application Form

Please return this form by email unless paying by cheque or money order Annual membership fee is \$10

Title: _____ Surname: _____ First Name: _____

Postal Address: _____ P/C: _____

Home Address: _____ P/C: _____

Telephone: (H) _____ (W) _____ Mobile: _____

Email: _____

Age: (Optional) please tick 30-50 50-65 Over 65

Skills & Experience: _____

Reason for Joining: _____

I would like to receive a copy of the OPSO monthly Newsletter "Lifetimes" by Email/Post

Membership Year: 1st January 2017 to 31 December 2017

Payment Details: Annual Membership Fee: \$10

Amount: \$_____ Cheque Money Order (Payable to Older People Speak Out Inc.)

Direct Bank Deposit: BOQ BSB: 124005 Account Number: 10375532 (Quote your Surname as reference)

Applicants Signature: _____ Date: ____/____/____