

## Live Life Eurobodalla membership application form

Thank you for your interest. Please complete your details and return this form by post to Eurobodalla Shire Council, Live Life Eurobodalla, PO Box 99, Moruya 2537 or email to [livelife@eurocoast.nsw.gov.au](mailto:livelife@eurocoast.nsw.gov.au).

Name:				Address:			
Suburb:				Postcode:			
Phone:				Age:			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Email:			

### How did you hear about Live Life Eurobodalla?

- Paper/Radio     
  Event/Festival     
  Word of mouth     
  Flyer/Brochure/Poster  
 Website     
  Facebook     
  Referral

### Please tick any of the following that applies to you (optional)

- Home Duties     
  Looking for Work     
  Employed –  PT/Casual  Full time  
 Carer     
  Person with disability     
  Retired/Semi-retired  
 Youth     
  Student     
  Aboriginal or Torres Strait Islander

### Do you hold a current and valid concession card? No

Yes -  Pensioner   
 Health Care   
 Student   
 DVA   
 DSP   
 other

### What activities are you interested in?

- Physical activity programs     
  Healthy living programs (cooking/gardening)  
 Social activities     
  Events     
  Arts  
 Team sports     
  Community access/transport     
  Libraries  
 Community walking groups     
  Programs for young people     
  Volunteering

I understand that council will store any personal information in accordance with privacy and confidentiality requirements detailed in our *Privacy Management Plan* which can be found at [www.esc.nsw.gov.au/privacy](http://www.esc.nsw.gov.au/privacy).

I agree for council to use my information to evaluate the recreation programs.

I understand that my information may be passed on to other approved organisations that are delivering activities within this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once your application has been processed we will post you your Live Life membership card and current activity calendar.