

Baby Rewards Club

Baby Name/s:

Mailing Address:

Phone: Facsimile: Mobile:

Email Address:

Date of Birth 1: Date of Birth 2:

Medicare Number:

Parents Names:

Nominate a Friend to join Club:
 Mailing Address:

 Phone:

Parent/Guardian Signature:

Date: Card Valid To: Card Issued: (Tick)

Staff Only			
Staff Name:	<input type="text"/>	Staff Signature:	<input type="text"/>

This card is only valid for use by for the newest member of your family listed above (under Baby Name). Medicare Card needs to be sighted before Baby Reward Card can be issued. By signing and using this card you agree to the terms and conditions listed on the back of the card. This card is valid until your child turns 2.