



Senior Rewards Club

Applicants Name:

Mailing Address:

Phone: Facsimile: Mobile:

Email Address:

Date of Birth:

Medicare Number:

Diagnosis:

Emergency Contact Name:

Emergency Contact Address:

Ph:

Applicants 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 the card holder (listed above). Medicare Card needs to be sighted before Senior 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. The 20% is not valid on sale items or prescriptions.