

Registration of Full Time Student Dependants

PART A - Member's Details

Member	Member Number
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Address	Member's Date of Birth
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Given Names	Relationship to Member	Date of Birth

PART B - Student Dependant Registration

- Only available to dependants who are:
 1. **FULL TIME** students between the ages of 21 and 24 years inclusive, and
 2. Not living in a **de-facto relationship**

- Please complete the following
 1. **Name of the Educational Facility**
 2. **Course**
 3. **Student ID number**.....
 4. **Enrolled full-time in:** [please tick]
 - Semester 1 only
 - Semester 2 only
 - Semesters 1 & 2

I certify that the person/s entered above are full-time students.

Signed: _____ Date: ____/____/____

Please return this form via

- **Post** : Locked Bag 33, Wollongong NSW 2500
- **Fax** : 02 4224 4300
- **Email** : info@peoplecare.com.au