

Registration of Full Time Student Dependants

PART A

Member's Details

Member Name:

Member Number:

Date of Birth:/...../.....

Address:

PART B

Student Dependand 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 student dependant:
2. Student's Phone Number:
3. Student's Email Address:
4. Name of the Educational Facility:

Course:

Student ID number:

5. Enrolled full-time in: [please tick]

- Semester 1 only
- Semester 2 only
- Semesters 1 & 2

Signed:

Date:/...../.....

Please return this form via

- Mobile app: peoplecare.com.au/mobile
- Post: Locked Bag 33, Wollongong NSW 2500
- Fax: 1300 673 405
- Email: info@peoplecare.com.au