



Mercy Health
Alumni
Care first

ALUMNI =

• past & present • employees & volunteers •

Life Membership Form

Personal Details

Title Prof Dr Mr Mrs Ms

Surname _____ Given Name _____

Preferred Name _____

Address _____

Suburb _____ State _____ Postcode _____

Contact Phone _____

Email Address _____

Present Employee Past Employee

Present Volunteer Past Volunteer

Year you commenced with Mercy Health _____

Method of Payment

Cheque / Money order for \$150 is enclosed
 Payable to Mercy Health & Aged Care Inc.

Credit Card

Visa MasterCard

Card Number

Expiry Date /

Cardholder's Name _____

Cardholder's Signature _____

Direct Deposit

Account Name Mercy Health & Aged Care Inc.
BSB 084-004
Account Number 48-045-0026
Description ALUMNI

Salary Deduction – Post Tax (available to current and new employees only)

Deduct \$25 per fortnight over six pay periods

Deduct \$50 per fortnight over three pay periods

Deduct \$150 from my pay

Please check this box if you do not wish this information to be recorded in the Mercy Health Alumni database

Signature _____ Date _____

Please complete and return this form to:

c/- Mercy Health Alumni
 678 Victoria Street
 Richmond VIC 3121

Phone 03 8416 7821
Fax 03 8416 7869
Email mhalumni@mercy.com.au
Web www.mercyhealth
 foundation.com.au/alumni

This information will only be used in relation to the Mercy Health Alumni.
 Please visit our website www.mercy.com.au for more details on our privacy policy.
 Each life member will receive a personalised welcome pack.