

Member's Updated Contact Details

Name: _____ / /
First Name Family / Surname Date of Birth

New Address: _____
Unit No / Street No Street Name

_____ *Suburb Post Code*

Email Address: _____

Please provide your consent by placing a tick ✓ in each box.

- I consent to updating my details on the Membership Register and Medical Records** *(not mandatory)*

I consent to receiving correspondence via

- Email**
- Mail (Australia Post)**

Signature: _____ Date: _____

I understand my new details will be used to update the Derbarl Yerrigan Health Service Aboriginal Corporation's Membership Register and Medical records.

Please return this form to a Clinic Receptionist, post to the Board Secretariat, 156 Wittenoom Street, East Perth or email the Board Secretariat: Christine.Burke@dyhs.org.au