

# MEMBERSHIP FORM



## Member Details:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Date of birth: \_\_\_/\_\_\_/\_\_\_ Country of birth: \_\_\_\_\_

Are you Aboriginal or Torres Strait Islander?  Yes  No

Are you a family Carer?  Yes  No

Are you currently in the workforce?  Full time  Part time  No

## If you are a family Carer, please provide the details of the person you are caring for & answer other questions below:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address (if different to above): \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Date of birth: \_\_\_/\_\_\_/\_\_\_ Country of birth: \_\_\_\_\_

Condition of Care Recipient:

Physical disability  Intellectual Disability  Chronic illness  Frail aged  Mental illness

Other Option: Specify Condition: \_\_\_\_\_

Are they Aboriginal or Torres Strait Islander?  Yes  No

What year did you commence your caring role? \_\_\_\_\_

What is your relationship to the person you care for? (e.g. I am their wife /son/mother): \_\_\_\_\_

*By signing this form you are agreeing to allow us to store your information in our confidential database, provide this information (without your name, address and contact details) to our funding bodies for statistical and planning purposes, and send you relevant information, including a copy our quarterly Newsletter (4 per year) and invitations to workshops and special member events.*

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*While Carers ACT Membership is **FREE**, we invite you to make a tax deductible donation (\$2 or more) to assist us to continue improving and expanding our services. If you would like to make a donation please fill out the section below.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

I wish to donate:  \$10  \$20  \$50  Other \_\_\_\_\_

I have enclosed a cheque/money order for my donation payable to "Carers ACT" **OR**

Please charge to my credit card (min \$10):

Bankcard  Visa  MasterCard  Other \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry: \_\_\_/\_\_\_

Name on Credit Card: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Please post completed form to: Carers ACT, 2/80 Beaurepaire Crescent Holt 2615**