

CARERS NSW MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS		
Name (Mr/Mrs/Miss/Ms)		
Organisation		Position
Address		Postcode
Email		Date of Birth
Phone	Mobile	Fax
MEMBERSHIP		
<input type="checkbox"/> Carer – Free	<input type="checkbox"/> Individual – Free	<input type="checkbox"/> Support Group – Free
<input type="checkbox"/> Non-Profit Organisation – \$66.00 (including GST) 2016-2017		<input type="checkbox"/> Government/Corporate Organisation \$165.00 (including GST) 2016-2017
ADDITIONAL INFORMATION (Optional)		
Are you from a Culturally and Linguistically Diverse background?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you from an Aboriginal and / or Torres Strait Islander background?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as LGBTI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DONATION		
I would like to make a donation* (donations of \$2.00 and over are tax deductible)		
<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> Other \$ _____		
* I am happy to be recognised as a donor in <i>Carers News</i> or the annual report (organisation name only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
METHOD OF PAYMENT		
<input type="checkbox"/> Cheque/Money Order (payable to Carers NSW)		<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Amount Payable \$ _____		
Card name		
Card no. _____		Expiry date ____ / ____
Signature		Date ____ / ____ / ____
Please mail to: Carers NSW, PO Box 785, North Sydney NSW 2059 P: (02) 9280 4744 F: (02) 9280 4755 www.carersnsw.org.au		
ABN: 45 461 578 851 ACN: 606 277 552		