

Membership Form 2017-2018

Contact Details:

Mr/Ms/Mrs/Dr First Name _____ Surname _____

Address _____ P/Code _____

Phone _____ Mobile _____

Email _____

(Carinya Society will send newsletters and other information if email address is supplied)

I wish to: (please tick)

Nominate as a new member with **Voting rights** participant /family/carer/ director of Carinya Society (No entrance fee applies) and

Renew my annual subscription for memberships= (2017-2018) with **Voting rights** for \$2 as I am a participant/family/carer/director of Carinya Society

Nominate as a new member - **No Voting rights** as I am a donor/volunteer/patron of Carinya Society (No entrance fee applies) and

Renew my annual subscription for membership (2017-2018) - **No Voting rights** for \$2 as a donor/volunteer/patron of Carinya Society

Donate an amount of \$ _____ as a one off / every month (**delete whichever does not apply**) until further notice.
Donations of \$2 or more are tax deductible as Carinya Society is a Deductible Gift Recipient under Section 30 of the Australian Income Tax Assessment Act 1997

I want to pay by: (please tick)

Cheque/Money Order Payable to Carinya Society (*delete whichever does not apply*)

Cash

Direct Debit from Account

Bank/Branch _____ Account Name _____

BSB _____ Account No. _____

Signature _____ Date _____

Please complete the form as applicable and return with your subscription to Carinya Society 10 Bellevue St Coburg, Vic 3058 or PO BOX 175 Pascoe Vale South 3044