**Membership Form 2018-2019**

**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 (2018-2019) - **No Voting rights** for $2 as a donor/volunteer/patron of Carinya Society

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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