



Health Care Consumers' Association ACT INC  
 100 Maitland Street, HACKETT ACT 2602  
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[hcca.org.au](http://hcca.org.au) | [hcca-act.blogspot.com](http://hcca-act.blogspot.com) |  
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Driving better health outcomes through consumer empowerment

## Individual Membership Renewal 2015-2018

### Personal details:

Title:  Mr  Mrs  Ms  Other (please specify) \_\_\_\_\_

Given Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Organisation Name (if applicable): \_\_\_\_\_

### Contact details:

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

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Membership type:

Please select a membership type:

Individual (\$20)  Concession/low income (\$10)  Trained Consumer Representative (\$10)

I wish to renew my membership of the Health Care Consumers' Association Inc and I agree to support the objectives of the Health Care Consumers' Association Inc and its Constitution (which can be viewed at [www.hcca.org.au](http://www.hcca.org.au)). I renew my consent to be photographed or videotaped during my attendance at HCCA events, and for these images to be used in promotional and other relevant materials by HCCA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment details:

\* I enclose a cheque for \$\_\_\_\_\_ (inc GST)

\* Cash payment (in person) \$\_\_\_\_\_

\* I have paid by credit card over the phone \$\_\_\_\_\_ (inc GST) Date: \_\_\_\_\_

(Please note that SHOUT (Self Help Organisations United Together) processes credit card payments on our behalf)

\* I have paid by EFT deposit \$\_\_\_\_\_ (inc GST) Date: \_\_\_\_\_

If paying via EFT please deposit into the following account:

Account name: **Health Care Consumers Association** BSB: **112-908** Account no: **410 919 896**

\* I wish to donate to HCCA for \$\_\_\_\_\_

\* Please tick whichever is applicable. Membership fee covers the period **1 July 2015 to 30 June 2018**.

