



Health Care Consumers' Association ACT INC
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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). 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 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**.

