

Organisational Membership Application 2015-2018

Organisation details:

Organisation Name: _____

Contact details:

Address: _____

Post Code: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Title: Mr Mrs Ms Other (*please specify*) _____

Given Name: _____ Last name: _____

Membership type:

Please select a membership type:

Organisation (\$30)

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 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: **410919896**

* I wish to donate to HCCA for \$_____

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



To help us build a profile of our members we ask that you provide additional details. This is optional but we would appreciate your assistance. This information remains confidential and will be used for internal processes only.

Demographics of your membership:

Age: 18 to 30 30 to 45 45 to 60 60 +

Gender: Male Female

Level of education: Secondary Tertiary Postgraduate

Are you from a culturally or linguistically diverse background? Yes

If **Yes** please indicate your background _____

Are you from an Indigenous or Torres Strait Islander background? Yes

If you are registering as a group, how many members do you have? _____

Community involvement:

Other organisations of which your organisation is a member: _____

Areas of interest in health care:

- | | |
|--|--|
| <input type="checkbox"/> Health Rights | <input type="checkbox"/> Medication Safety |
| <input type="checkbox"/> Complaints Management | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Improving Service Delivery | <input type="checkbox"/> Other (please specify) _____ |

Are you interested in helping HCCA with any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Commenting on documents and policies | <input type="checkbox"/> Health policy development |
| <input type="checkbox"/> Attending occasional meetings or seminars | <input type="checkbox"/> Sharing your stories with others |
| <input type="checkbox"/> Becoming a consumer representative | <input type="checkbox"/> Organisational governance |
| <input type="checkbox"/> Other (please specify) _____ | |

