



MEMBERSHIP APPLICATION & RENEWAL FORM

Date of Application: ____/____/____

☐ New Member☐ Renewal

| | |
|-----------------|--|
| Surname: | |
| Given Names: | |
| Address: | |
| Email: | |
| Phone (Home): | |
| Phone (Mobile): | |

Date of birth: ____/____/____ (optional)

☐

Male

☐

Female

What is your connection / relationship with MACS? _____

Do you have a family member who is a current MACS staff member?

☐

Yes

☐

No

Membership Categories and Fees

| | | | |
|--|------------------|--|---------|
| | Service Member | Registered service users of MACS, | \$Nil |
| | Ordinary Member | Individuals with a disability | \$10.00 |
| | Associate Member | Individuals committed to the goals of the association. | \$15.00 |
| | Life Member | A member of the association presented with life membership | \$Nil |

Optional Information

Disability: _____

Occupation: _____

Skills or Interest: _____

Note: Membership payment details are over the page._____
Signature of Applicant_____/_____/_____
Date

Payments

Payment is to be made on or before submitting membership application form.

Account name: Mobile Attendant Care Service

BSB: 084-004 Account #: 517096770

(Please use surname as payment reference)

For office use only

Date Paid: ____/____/____

Membership Amount: \$_____

Receipt No: _____

Payment Method: Cheque Cash Direct Deposit

Membership #: _____

Management Committee Acceptance

Application has been accepted by the Management Committee

☐ Yes ☐ No

Date: ____/____/____