



COOINDA Family Support Group Inc.

2009/2010 MEMBERSHIP APPLICATION / RENEWAL

(Delete as necessary)

Name: _____

Name of Organisation/Service _____

Address _____

_____ Postcode _____

Telephone _____ Business _____

Mobile _____ Fax _____

Email _____

Would you like to receive your Newsletter by Email? Yes No

Please consider helping the environment and also reduce Cooinda's costs by answering yes to the above question.

(The newsletter will be emailed to agencies unless Cooinda is notified otherwise)

MEMBERSHIP COST:

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Families/Carers | \$15.00 (on ability to pay) |
| <input type="checkbox"/> Relatives including Grandparents | \$15.00 |
| <input type="checkbox"/> Students | \$20.00 |
| <input type="checkbox"/> Organisation/Service Providers | \$30.00 |

If you wish to make a donation to cover the cost of the newsletter, it would be appreciated.

I give/do not give* permission for my name to be given, (with discretion) to other families locally/regionally/nationally* if the need arises. (*Delete as necessary)

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____

Received Date/NO _____

New Memberships/Passed Date _____