



GENERAL MEMBERSHIP APPLICATION FORM

(PLEASE PRINT IN BLOCK LETTERS)

Please remember to renew your membership by returning this form to:
admin@strokensw.org.au or PO Box 3401, Putney NSW 2112.

Title: Mr / Mrs / Miss / Ms / Other _____

Name:

Address:.....

.....P/ Code.....

Telephone Email:.....

I am a: Stroke Survivor Carer Volunteer Health Professional

I would like receive information by: Mail Email

Is your background culturally or linguistically diverse? Yes No

Are you of Aboriginal or Torres Strait Islander descent? Yes No

(The government bodies that fund us require that we ask these questions)

In signing this membership application I agree to abide by the policies and procedures of the Stroke Recovery Association and understand that my details are kept on a confidential database of members as required by in the **Associations Incorporation Act 2009** and the Associations Incorporation Regulation 2010.

I also give permission that photos taken of me during Stroke Club activities may be used for promotion in the Association's publications and/or on the Stroke Recovery Association electronic media.

Signature..... Date.....

Single Membership: \$22.00 Family Membership: \$27.50

Enclosed is a cheque:

(Please make cheques payable to: **Stroke Recovery Association**)

OR Please debit my: MASTERCARD VISA

AMOUNT: \$

NUMBER --- / --- / --- / ---

NAME ON CARD: EXPIRY DATE: --- / ---

SIGNATURE:

Stroke Recovery Association NSW
PO Box 3401, PUTNEY NSW 2112
Phone: 1300 650 594 ABN: 58 459 163 597

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