

Membership Application Form

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| Title: Mr Mrs Ms Miss Dr Other Unspecified (please circle) | | |
| First Name: | | Surname: |
| Postal address: | | |
| Suburb: | | Postcode: |
| State: | | Date of birth: ____ / ____ / ____ |
| Home phone: | | Mobile: |
| Email address: | | |
| 1. Emergency Contact Name (and relationship): | | |
| Phone Number: | | |
| 2. Emergency Contact Name (and relationship): | | |
| Phone Number: | | |
| I wish to join as: Please tick a box below | | |
| <input type="checkbox"/> Stroke survivor | <input type="checkbox"/> Carer, I care for: _____ | <input type="checkbox"/> Health professional Profession: _____ Organisation: _____ |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Friends of the BSSG | <input type="checkbox"/> Donor/Benefactor |
| Referral source: How did you hear about us? | | |
| Tell us a little about yourself and your professional background: | | |
| Policies and Guidelines | | |
| <ul style="list-style-type: none"> ▪ All members must act in accordance with *Boroondara Stroke Support Group's Statement of Purpose and Rules Act 1981. ▪ All members must behave in accordance with the *BSSG's Code of Conduct. ▪ All members must abide by policies for group membership and hub attendance including group guidelines. ▪ I am aware that misconduct may lead to revocation of membership by the committee at any time. | | |
| *Refer to www.bssg.org.au under 'Membership Information'. Copies available at The Hub. | | |
| Signature: | | Date: ____ / ____ / ____ |

Photography Consent

The BSSG regularly reproduces photographs of people in its prints and digital publications. This includes but not limited to marketing and promotional material, media releases and articles, educational materials, electronic publications and digital communications, and other communication channels to promote the BSSG services, programs and events.

By signing below, you agree that all images are property of the BSSG and are authorising the use of these images in the media. Your name and identity may be revealed in descriptive text or commentary in connection with the image.

| | |
|------------|--------------------------|
| Signature: | Date: ____ / ____ / ____ |
|------------|--------------------------|

Membership

Please forward the application form and annual membership fee of **\$60.00** and donations to the Memberships Officer or email to info@bssg.org.au or post to:

Memberships Officer
Boroondara Stroke Support Group
P.O. Box 2260
Hawthorn VIC 3122

Payment options: The BSSG accepts payment by Bank Transfer, Cash, Cheque, CC/EFTPOS. Cheques to be made payable to “**BSSG**”. Our Bank Account details are:

Bank Account Name: Boroondara Stroke Support Group Inc.

BSB: 633-000

Account number: 159 151 109

Donations

We are a DGR (Deductible Gift Recipient) organisation which means any donations above \$2.00 are tax deductible.

\$20 \$40 \$60 \$80 \$100 your choice of \$.....

All donations go towards providing the activities offered by BSSG Inc.

Thank you for your invaluable support.

Remittance

| Payment Type | Amount |
|--|--------|
| BSSG Annual membership (<i>paid at joining then in February each year thereafter if deciding to continue membership</i>) | \$60 |
| BSSG Donation | \$ |
| Total | \$ |
| Payment is made via: (please tick below) <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card/EFTPOS | |
| Card Number: _____ Expiry Date (MM/YY): _____ CVV: _____ | |