



Membership Application Form

NAME OF ORGANISATION/APPLICANT: _____

Postal Address:					
Suburb:		State:		Postcode:	
Street Address:					
Suburb:		State:		Postcode:	
Contact Person:		Position:			
Business phone:		Business fax:			
Email:					
Website:					

Category of Membership: (please tick one)

Please refer to the ACSWA Membership Kit for more information regarding categories of membership

- Full Member
- Affiliated Supporter
- Corporate Supporter
- Friend of ACSWA

- I have read the Code of Ethics and Terms and Conditions relevant to my application and agree to be bound by these terms and conditions.
- I confirm that the data provided on page 2 is true and correct

Signature of Applicant _____

Name _____

Date _____



Organisation Information

Please provide information in relation to your organisation in the relevant membership category below

Full Members

Service	Details	No. of Places/Beds/Packages/\$ funding
Residential Care	High Care	beds
	Low Care	beds
Retirement Living Units	Independent & serviced accommodation	units
Packages	L1	packages
	L2	packages
	L3	packages
	L4	packages
Community Care Funding	DVA	\$
	HACC	\$
	Commonwealth programs*	\$
Meals on Wheels only Providers	No. of meals per week	

*Please specify which programs

Additional information:

Full Member applicants - please complete and return the Full Member Declaration of Eligibility with your application (available on the ACSWA website at www.acswa.org.au)

Affiliated Supporters

Description of products/services provided: (or attach separate document)

Corporate Supporters

Description of your organisation (for promotion on ACSWA website). Please provide a company logo with your application (Max 100 words - please attach separate document if insufficient space)
