

**Membership Application Form**



<b>Title:</b> Mr Mst Mrs Ms Miss Dr Other Unspecified		
<b>First name:</b>		<b>Surname:</b>
<b>Postal address:</b>		
<b>Suburb:</b>		<b>Postcode:</b>
<b>State:</b>		<b>Date of birth:</b> ____ / ____ / ____
<b>Home phone:</b>		<b>Mobile:</b>
<b>Email address:</b>		
<b>Preferred method of contact:</b> <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> SMS <input type="checkbox"/> Facebook <input type="checkbox"/> Post/Mail		
<b>I wish to join as:</b> 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"/> Venerable member – 85 years and older (free)
<b>Referral source:</b> How did you hear about us?		

Please forward the application form and annual membership fee of **\$15.00** and donations (if applicable, see page 2) to:

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

Payment options: The BSSG accepts **Cash or Cheque** - Cheques are made payable to **Stroke Association of Victoria**.

Membership fees are payable upon joining the group and annually at the beginning of each calendar year.

## Policies and Guidelines

- 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 and the Hub Card Use Policy.
- I am aware that misconduct may lead to revocation of membership by the committee at any time.

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 and Boroondara Community Stroke Hub services, programs and events.

By signing below, you agree that all images are property of the BSSG/BCSH 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Donations

Donation amount: \_\_\_\_\_

All donations go toward continuing the work to support everyone affected by stroke in the community.

Donations over \$2.00 are tax deductible and cheques must be written out to **Stroke Association of Victoria** if you would like a receipt.

Please inform whether you would like a receipt: Yes / No

Thank you for your invaluable support.