

# Membership Application Form

I/we wish to become a member of the Swiss Community Care Society

### APPLICANT No. 1

### APPLICANT No. 2

Surname or Company Name	-----	-----
First Name	-----	-----
Date of Birth	-----	-----
Nationality/ies (both, if dual)	-----	-----
Occupation	-----	-----
Address/Street	-----	-----
Town, State, PC	-----	-----
Phone	-----	-----
Email	-----	-----

Can you offer your services to assist the Committee with visitations?  Yes  No

I note that my membership will automatically continue unless, among other things, I resign (by mail or email to the SCCS Secretary), or fail to pay my annual membership fee within six months after it becomes due. Annual membership follows the financial year and the fee is due at the start of the financial year, i.e. 1 July.

Date of Appln \_\_\_\_\_ Signature \_\_\_\_\_

Amount being paid \$  Bank transfer  Cheque

### Type of membership and annual fees (please tick)

- |   |   |                   |
|---|---|-------------------|
| <input type="checkbox"/> Senior Individual (65+) \$15 | <input type="checkbox"/> Individual <b>Life</b> Member \$300          | } One-off payment |
| <input type="checkbox"/> Senior Couple (one 65+) \$20 | <input type="checkbox"/> Couple <b>Life</b> Member \$450              |                   |
| <input type="checkbox"/> Individual \$25              | <input type="checkbox"/> Corporate Member \$200                       |                   |
| <input type="checkbox"/> Couple \$40                  | <input type="checkbox"/> Donation, tax deductible \$ (Receipt issued) |                   |

**This form:** Please complete, SAVE, and email to swissccs@gmail.com or post to Swiss Community Care Society, PO Box 320, ST IVES NSW 2075

**Your payment:** Make a bank transfer to Swiss Community Care Society ANZ Bank, BSB 012-003, Account 8683627 Remember to include the name for whom the payment is made. Alternatively, post a cheque.