

Membership Form

Thank you for wanting to become a member of the Spanish Community Care Association. As a member you will be entitled (if you wish) to participate in the SCCA Management Committee; receive all our newsletters; and invitations to all our community events.

(If you would like any assistance with filling out this form please contact our Project Officer on 02 9698 3731).

1. **Family Name** **Given Name(s)**.....
2. **Date of Birth**/...../..... **Male** **Female**
3. **Place of Birth**.....
4. **Nationality (if dual mention both)**.....
5. **Occupation**
6. **Address**.....
.....
Suburb..... **Postcode**.....
7. **Phone (Home)**..... **(Mobile)**.....
8. **Email**.....

Preferred method of contact (please tick one)

Phone **email** **Post Mail**

Would you like to receive the newsletter of the Association?

Yes **No**

How did you hear about the Association?

.....
.....

Please indicate the type of member that you would like to be

Type of Membership	Individual	Couple	Corporate member
Fee	\$8	\$10	\$50
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment options

Bank Deposit

Account name: Spanish Community Care Association
Account Number: 1047-7405
BSB: 062-016

Cheque

Make cheque to Spanish Community Care Association

And

Post to

Spanish Community Care Association
67 Raglan Street
Waterloo NSW 2017

I agree to become a member of the Spanish Community Care association Inc.

Full name.....

Signature**Date**...../...../.....