

Organisation Details			
Organisation Name			
Street Address		Postal Address	
		Website	
Phone Number	Number of Employees	Geographic Coverage	
		National NSW	State Specify
Service Types (tick as many as	appropriate)		
Aged Care	Youth Services	Community Meals	In-Home Care
Disability Care	Community Transport	Homelessness	CALD
Mental Health	Community Centre	Respite	Migration Services
ATSI	Case Management	Accommodation	Other
Invoice Details			
ABN/ARBN			
D	4 27		
Financial Institution	Account Name	Contact Email Address for	Invoicing
BSB	Account Number		
		Confirming agreement to	be invoiced by Community Options Australia
Type of Membership (select)			
Organisation \$950	Associate Member \$	\$195	Individual \$195
Contact Details			
Name of Organisation CEO/Executive	Director Contact Phone Number	r Co	ontact Email Address
Preferred Key Contact for Con	nmunity Options Australia Com	nmunications	
Contact Name Contact Phone Number		r Co	ontact Email Address
Do you consent to your Organisation details and logo being displayed on Community Options Australia's website?			
		CLEAR FO	RM PRINT FORM SUBMIT FORM

Terms and Conditions

GET IN TOUCH

Membership is valid for 12 months from 1st July 2016 to 30th June 2017. For those members who joined in the interim 12 months prior to 1st July 2016, membership fee will be pro-rata to reflect date of joining, and be effective until 30th June 2017. New members joining before 31st December 2016 will be required to pay full membership fee. After this date, membership fee will be pro-rata from date of joining. Membership is open to all organisations and individuals who are supportive of the objectives of Community Options Australia, in line with our Constitution.

Community
Options Australia
resourcing community care