## Community Options Australia

Membership Renewal/Application Form 2017/2018

Organisation Details			
Organisation Name			
Street Address		Postal Address	
		Website	
Phone Number	Number of Employees		
I HORE INMINDE	Number of Employees		
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 (required)			
ABN/ARBN			
Financial Institution	Account Name	C E . 1 A 11 . C	T
Financial Institution	Account Name	Contact Email Address fo	or 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 Numb		er	Contact Email Address
Preferred Key Contact for Community Options Australia Communications			
Contact Name	Contact Phone Number	er	Contact Email Address
Do you consent to your organisation details and logo being displayed on Community Options Australia's website? Yes No			
		CLEAR	FORM PRINT FORM SUBMIT FORM

## Terms and Conditions

Membership is valid for 12 months from 1st July 2017 to 30th June 2018. New members joining before 31st December 2017 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