## Community Options Australia

Membership Renewal/Application Form 2018/2019

Organisation Details			
Organisation Name			
Street Address		Postal Address	
		Website	
Phone Number	Number of Employees		
Filone Number	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 F . 1411 . C	T
Financial Institution	Account Name	Contact Email Address for	or involcing
BSB	Account Number		
		Confirming agreement	to be invoiced by Community Options Australia
Type of Membership (select)			
Organisation \$950	Individual \$195		
Contact Details			
Name	Title Contact Ph	one Number	Contact Email Address
Preferred Key Contact for Community Options Australia Communications			
Contact Name	Contact Phone Number		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

**GET IN TOUCH** 

Membership is valid for 12 months from 1st July 2018 to 30th June 2019. New members joining before 31st December 2018 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