



Killy Cares Membership Application Form

Your Details

Name	
Address	
Telephone/Mobile	
Email Address	

Becoming a member

My focus is:

(please tick)

- Family member/carer/advocate for a client of Killy Cares
- Client of Killy Cares
- Supporter of Killy Cares
- Volunteer
- Service Provider
- Other

Payment Details

Initial Membership Fee: \$50.00 (thereafter \$10.00 per annum)

- Cheque (please make it out to Killy Cares Association Incorporated)
- Cash

Eft Bank Details: Killy Cares Inc, CBA BSB 062612 A/C No. 10239859 (Please include your name in the Description box for our records and so we can issue a receipt)

Privacy Disclaimer

We will not sell any information gained, nor do we disclose any collected data without your express permission. We take reasonable steps to ensure the security of the personal data we hold, from such risks as loss or unauthorised access, destruction, use, modification or disclosure of data.