

## 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**     **Other**
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?**

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**Annual Fee:**

<b>Fee</b>	<b>\$15</b>
	<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**...../...../.....