



Caladenia Dementia Care

Application for Membership

I hereby apply for membership of Caladenia Dementia Care for the financial year 2015/2016 and consent to such membership and agree to the Constitution and to the requirement to guarantee Caladenia Dementia Care to the extent set out in the Constitution (\$10).

I confirm that I am over 18 years of age and I:

- ☐ Am a volunteer with Caladenia; or
- ☐ Am a client or a client carer of Caladenia; or
- ☐ Am a(specify relationship)

I am applying as a **new member of Caladenia Dementia Care.**

First Name			
Last Name			
Street Address			
Suburb			Post Code
Telephone	Home:	Mobile:	
Email			

Please circle your preferred form of communication: Mail Email

Applicant's Signature: _____ **Date** ____/____/____

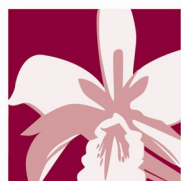
Membership entitles you to:

- ☐ Nominate to become a Board Director
- ☐ Attend members meetings
- ☐ Vote in Board elections
- ☐ Receive a copy of our Annual Report and Community Newsletters
- ☐ Receive updates about activities, new services and special events at Caladenia

Membership of the Company is for the period from the entry of that person's name in the register until the following 30th of June. Membership is renewed in May and June but prior to 30 June. Cost is \$20 per annum which includes GST of \$1.82.

- ☐ I wish to nominate for the Board – please send me a Nomination Form

Please complete the next section 'HAVE YOUR SAY' and return together with this form



Caladenia Dementia Care

HAVE YOUR SAY

There are key times at Caladenia when we ask people in our community to share their opinions and help make decisions about our service. To enable us to target people appropriately we need a bit more information about you.

If you would like to receive invitations to participate in events, discussions, surveys and workshops relevant to you, please enter these details below:

Gender: <input type="radio"/> M <input type="radio"/> F	Age:	Do you have dementia? <input type="radio"/> Yes <input type="radio"/> No
Do you care for someone with dementia? <input type="radio"/> Yes <input type="radio"/> No		
Are you an Aboriginal or Torres Strait Islander: <input type="radio"/> Yes <input type="radio"/> No		
Country of Birth:	Language spoken at home:	
Have you used Caladenia services in the past 12 months? <input type="radio"/> Yes <input type="radio"/> No		
Availability: <input type="radio"/> Anytime <input type="radio"/> Weekdays 10-2pm <input type="radio"/> Evenings after 5pm		
I do not wish to participate any events, discussions, surveys and/or workshops <input type="radio"/>		

Please send completed forms to:

Caladenia Dementia Care, PO Box 685, Lilydale, 3140 or

Fax: 9727 3787 or

Email: caladenia@caladenia.com.au

Business Use Only:

Date of receipt:

Considered by Board:

Decision of Board:

Entry in Register:

Letter sent: