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| **To apply for membership, please complete the information below and submit via email or post.**  **Your application will be considered and if approved a confirmation letter and invoice for the annual membership fee will be sent to you.** | | | | | | | |
| **MEMBERSHIP CATEGORY** | | | | | | | |
| **Category** | **Description** | | | | | **Fee p.a. (GST inc)** | **Required Y/N** |
| Individual | Full year membership | | | | | $25 |  |
| Individual Associate | Full year membership  (no voting rights) | | | | | $15 |  |
| Concession | Full year membership (seniors, students, volunteers, concession card holders) | | | | | $5 |  |
| **NOTE: Annual membership fee is for a financial year. An invoice will be sent out in July for the next financial year.** | | | | | | | |
| **YOUR DETAILS** | | | | | | | |
| Title | | □ Mr □ Ms □ Mrs □ Dr □ Other | | | | | |
| First name | |  | | | Last name |  | |
| Contact phone no | |  | | | Email address | Your email address will be used for all correspondence and will be added to ARAS mailing list | |
| Home address | |  | | | | | |
| Postal address (if different from above) | |  | | | | | |
| Do you work in the aged care industry? | | □ No | □ Yes | In what capacity:  For which organisation: | | | |
| How did you hear about ARAS? | |  | | | | | |
| Please provide a brief statement in support of your membership application, including your reason for applying for membership (if there is insufficient space in this section, please attach an annexure and submit as part of your application) | | | | | | | |
| **ACKNOWLEDGEMENT AND CONSENT** | | | | | | | |
| □ I acknowledge that I have read the [ARAS Rules](http://sa.agedrights.asn.au/files/2079_aras_rules.pdf?v=101) and agree to be bound by the Rules  □ I acknowledge that I have read, understood and agree to the [ARAS Privacy Policy](http://sa.agedrights.asn.au/about-us/aras-privacy-information) and consent to my personal information being collected, held and processed for the purposes outlined in that Policy. | | | | | | | |
| Signed: …………………………………………………………………………………………… Date: ……………………………………………………………  □ If you are unable to sign, please check this box and type your full name below to electronically sign | | | | | | | |