

## Membership Application Form



### Foster Care Association of Victoria Inc (the Association)

I, \_\_\_\_\_  
(First name) (Surname)

of \_\_\_\_\_  
(Address) (Post Code)

Home Phone Business Phone Mobile Phone

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Please check the box indicating the basis on which this application is being made.

<b>Ordinary Membership</b> criteria:	
<input type="checkbox"/>	Person providing Home Based Care*
<input type="checkbox"/>	Former provider of Home Based Care*
<input type="checkbox"/>	Person over 21 years of age who is or has been in Home Based Care*
<input type="checkbox"/>	Person with expertise required by the Board of Directors who in the opinion of the Board of Directors holds values consistent with the purposes of the association

<b>Associate Member</b> criteria:	
<input type="checkbox"/>	Any person not meeting the Ordinary Member criteria above

I am a (please circle) FOSTER KINSHIP PERMANENT ADOPTIVE PREVIOUS CARER SUPPORTER

In the event of my admission as an Associate Member I acknowledge that as an Associate Member I will have the rights and responsibilities of Ordinary Members other than voting rights and I will not have the right to be nominated for or hold office.

In the event of my admission as an Ordinary Member or Associate Member, I agree to be bound by the \*\*rules of the Association.

\_\_\_\_\_  
(Signature of the applicant)

\_\_\_\_\_  
(Date)

\*Home based Care means foster care or permanent care converted from a prior foster care arrangement

\*\* FCAV rules are available at [www.fcav.org](http://www.fcav.org)

The FCAV Board of Directors meet on a monthly basis and membership applications are considered at that time. You will receive formal acknowledgement of the outcome of your application after that time.

Members' personal details will be kept in accordance with the Association's privacy policy which may be obtained from the Association or can be viewed at [www.fcav.org](http://www.fcav.org)

Please post to FCAV Inc, 48 High Street, Northcote, VIC, 3070 or fax to (03) 9489 9119.

11/09: Office Use Only: Membership Approved: YES / NO. Date approved: \_\_\_\_\_ Membership Number: \_\_\_\_\_