

MEMBERSHIP APPLICATION FORM

INFORMATION

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We are the peak body for over 4,500 Victorian foster carers, working towards better outcomes for foster carers and the children in their care.

MEMBER 1

Full Name:

Email:

Mobile:

Address/Suburb/Postcode:

Name of Agency:

Would you like to receive our quarterly postal newsletter? Yes

MEMBER 2 (if applicable)

Full Name:

Email:

Mobile:

Home Phone:

Type of Membership Please tick the relevant category

FULL MEMBERSHIP

- Current accredited foster carer. Year accredited: _____
- Former accredited foster carer
- Person over 21 years of age who is or has been in home-based care

ASSOCIATE MEMBERSHIP

- Kinship carer Permanent Carer Supporter

I agree to be bound by the Association's Rules. This document may be obtained by contacting the Association or can be viewed at www.fcav.org.au

Signatures:

Member 1 and Member 2

Dated:

The Board of Directors meet on a bi-monthly basis and membership applications are considered at that time. You will receive a welcome card upon acceptance of your application. Members' personal details will be kept in accordance with the Association's privacy policy which may be obtained by contacting the office or can be viewed at www.fcav.org.au

By providing your email address you agree to receive relevant email communications from Foster Care Association of Victoria and Carer KaFÉ including news, competitions, and events. You can always unsubscribe if this doesn't suit you.

Please post or email to

✉ FCAV
Level 1, 398 Smith St
Collingwood VIC 3066

✉ admin@fcav.org.au

