

Application for Membership



New Membership

Renewal

APPLICANT INFORMATION

Name:		Occupation:	
Postal address:			
Suburb:		State:	Postcode:
Phone:		Mobile:	
Email:			
<i>By providing your email address you agree to receive relevant email communications from Queensland Foster and Kinship Care including news and events. You can opt out at any time. Collected information will not be shared with any third party.</i>			

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		Occupation:	
Phone:		Mobile:	
Email: <i>(if different to above)</i>			

APPLICANT DETAILS (PLEASE SELECT)

<input type="checkbox"/> Foster Carer/s	<input type="checkbox"/> Kinship Carer/s	<input type="checkbox"/> Indigenous Carer/s	<input type="checkbox"/> Provisionally Approved Carer/s	<input type="checkbox"/> Supporter/s
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YEAR OF APPROVAL AS CARER BY DEPT

In Queensland:	Other State:
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SERVICE CENTRE / AGENCY

Name of Service Centre:	Agency:
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SIGNATURE/S

Signature of applicant:	Date:
Signature of spouse: <i>(if joint membership)</i>	Date:

PAYMENT OPTIONS

A one-off membership fee subscription of \$15 per family/organisation will apply

<input type="checkbox"/> Pay by Credit/Debit card <i>(complete details below)</i>	<input type="checkbox"/> Pay by cheque/money order
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Please invoice *(agencies only)* Name of Organisation: _____
Address: _____

Please debit my credit/debit card *(a processing fee of 1% applies to all payments by card)* Visa MasterCard

Name on Card:

Card No: _____ Expiry Date: _____

Signature: _____

Post or Email completed form to:
Treasurer, Queensland Foster & Kinship Care Inc, 7/10 Depot Street BANYO QLD 4014 E: admin@qfkc.com.au Phone: 07 3256 6166

OFFICE USE ONLY

<input type="checkbox"/> New Member List Updated	<input type="checkbox"/> Member Register Updated	<input type="checkbox"/> Payment Processed	<input type="checkbox"/> Receipt Issued
<input type="checkbox"/> eNews updated	Invoice#	Initials:	Date: