

INDIVIDUAL MEMBERSHIP APPLICATION FORM



PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Individual Membership of SACOSS is subject to approval by the SACOSS Board which meets monthly.

Your Details			
Name			
Home Address			
Mobile Number		Home Number	
Email Address (For all member-related business and for all SACOSS general communication)			
Are you in paid employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer (Optional)	
Please provide a brief statement in support of your membership application, or respond to the statement: 'I am interested in becoming a SACOSS Member because'...			
I am interested in the following policy areas:			

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Fees and Payment Details

Fees apply for one year of membership from 1 July to 30 June. New membership applications made in the final quarter (being April, May and June) will have their membership extended to include the following financial year.

Please select your Membership Category

Waged \$44

Unwaged/Student \$11

Payment options

1. Cheque made payable to South Australian Council of Social Service Inc and included with this application form

2. Direct deposit transfer to: South Australian Council of Social Service Inc: BSB: 085 005 Acc: 55 020 5430

Please use your name as the reference for your direct deposit payment to ensure that your payment is recorded with your membership

Credit card payment details:

Visa

Mastercard

Card number

Expiry

Cardholder's Name

Cardholder's Signature

SOUTH AUSTRALIAN COUNCIL OF SOCIAL SERVICE – VALUES STATEMENT

Vision

Justice, opportunity and shared wealth for all South Australians.

Purpose

To advocate, collaborate, lead and mobilise to eliminate poverty, inequality and injustice in South Australia.

Goals

Developing a Fair and Just Community for South Australians

Cultivating a Thriving Community Sector Assisting People to Address Poverty and Disadvantage

SACOSS is a Healthy, Resilient and Sustainable Organisation equipped to support the community services and health sectors to achieve our vision

Commitment: As a member of SACOSS I agree to abide by its Vision, Purpose and Goals

Signature:

Date

Feedback, Engagement and Confidentiality

SACOSS welcomes member feedback and active engagement in the work of SACOSS. SACOSS is committed to maintaining the privacy of information about its members.

Please return this form to:

SACOSS 47 King William Road, UNLEY SA 5061 or via email to accounts@sacoss.org.au



 sacoss.org.au

 @SACOSS

 facebook.com.au/SACOSS