

INDIVIDUAL MEMBERSHIP APPLICATION FORM

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	
Concession	Full year membership (including seniors, students, volunteers)	\$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	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other		
First name		Last name	
Contact phone no		Email address	Your email address will be used for all correspondence and will be added to the ARAS mailing list
Home address			
Postal address (if different from above)			
Do you work in the aged care industry?	<input type="checkbox"/> No	<input type="checkbox"/> 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, the Member Code of Conduct and Membership Policy at <https://www.sa.agedrights.asn.au/about-us/become-a-member/individual-membership-form> and agree to be bound by the Rules, the Code of Conduct and Membership Policy.
- I acknowledge that I have read, understood and agree to the [ARAS Privacy Policy](#) 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