

ORGANISATION 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
Organisation	Full year membership	\$200	
Associate	Full year membership for organisation providing direct aged care delivery	\$100	

NOTE: Annual membership fee is for a financial year. An invoice will be sent out in July for the next financial year.

ORGANISATION DETAILS

Organisation name			
ABN/ARBN		Registered for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address	Your email address will be used for all correspondence and will be added to the ARAS mailing list		
Business address			
Postal address (if different from above)			
Type of organisation and web address			
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)

DETAILS OF REPRESENTATIVE TO BE CONTACTED IN RELATION TO MEMBERSHIP

Name			
Title			
Email address		Contact phone no	

ACKNOWLEDGEMENT AND CONSENT

I/We acknowledge that we 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/organisation-membership-form> and agree to be bound by the Rules, the Code of Conduct and Membership Policy.

I/We acknowledge that I/we have read, understood and agree to the [ARAS Privacy Policy](#) and consent to our information being collected, held and processed for the purposes outlined in that Policy.

Signed: Date:

Name: Title:.....