

Membership Application Membership Renewal DATE: \_\_\_/\_\_\_/\_\_\_

Spinal Home Help - MEMBERSHIP FORM

Section 1: Personal and Contact Details

Membership # (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organisation (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from Residential Address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: Membership Types

|  |  |  |
| --- | --- | --- |
| Please select type (🗸): | Eligibility: | Benefits: |
| Ordinary Member $20/yearly subscription | At least 18 years of ageMust have a spinal cord injury or disability due to spinal cord injury, acquired either by accident or disease (including polio)OR a parent, spouse, sibling or child of an individual with a spinal cord injury | Eligible to vote at AGMsFree attendance to SHH workshops and info sessions Access to SHH Referral Service Spinal Home Help NewsletterMembers-only events |
| Junior Member$10/yearly subscription | Under 18 years of age at the time of applyingMust have a spinal cord injury or disability due to spinal cord injury, acquired either by accident or disease (including polio)Consent of parent or guardian | Free attendance to SHH workshops and info sessions Access to SHH Referral Service Spinal Home Help NewsletterMembers-only events |
| Associate Member$20/yearly subscription | Anyone is eligible | Free attendance to SHH workshops and info sessions Spinal Home Help NewsletterMembers-only events |
| Organisation Membership$50/yearly subscription | Any business, corporation, community organisation or incorporated entity committed to supporting people with spinal cord injury and their families  | 3 speaking sessions/seminars for your organisation per year (peer mentors, spinal injury safety, accessibility advice)Spinal Home Help NewsletterPartnership opportunities  |

\*Spinal Help has Public Liability Insurance of $20 000 000

\*\*Membership Renewals due by 30th June each year

Section 3: Declaration and Disclosure

**Declaration by Applicant:**

I (signature of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information given by me is correct and hereby make application for membership of Spinal Home Help Incorporated. I agree to be bound by and act in accordance with, the respective constitution, by-laws, rules, policies and procedures of Spinal Home Help Inc.

I hereby consent to the collection and use of my images for the purposes of promoting Spinal Home Help in marketing materials and on social media, website, newsletter and publications. I understand that these images can be viewed by anyone who accesses Spinal Home Help media, website and materials, and I understand that my consent can be withdrawn at any time, upon written notice to the Secretary.

Your privacy is our priority. All personal information you have provided will assist us to process your membership application and to communicate with you regarding our services, activities and events. You can access your information record to verify its accuracy if you are concerned. We will not disclose the identified information to anyone without your permission unless required by law.

**NAME AND SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18**

NAME (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 4: Payment

**METHOD OF PAYMENT:**

 Direct Deposit

**Name:** SHH Operations Account **BSB:** 064-118 **Account:** 10489174

\*please quote ‘Member’ and the date as payment reference

 Cheque – Payable to “Spinal Home Help Incorporated’

Office Use Only – Payment Processed:\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_\_