

# 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 Foster Care Queensland 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 WHERE APPLICABLE)

<input type="checkbox"/> Foster Carer/s	<input type="checkbox"/> Kinship Carer/s	<input type="checkbox"/> Provisionally Approved Carer/s	<input type="checkbox"/> Supporter/s	
What ethnic background do you identify with?	<input type="checkbox"/> Australian	<input type="checkbox"/> Australian/Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Other

## 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

Please select payment method:		Please select term:	
<input type="checkbox"/> Pay by Credit/Debit card (complete details below)		<input type="checkbox"/> 5 Years \$50	
<input type="checkbox"/> Pay by cheque/money order		<input type="checkbox"/> 2 Years \$25	
<input type="checkbox"/> Please invoice (agencies only): Organisation Name/Location_____		<input type="checkbox"/> 1 Year \$15	
Please debit my credit/debit card <i>(a processing fee of 2.18% applies to all payments by card)</i>		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Card:			
Card No:		Expiry Date:	
Signature:			
<b>Post or Email completed form to:</b> Treasurer, Foster Care Queensland Inc, 2 / 25 Depot Street BANYO QLD 4014		Email: <a href="mailto:fcq@fcq.com.au">fcq@fcq.com.au</a> 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: