

**1. Application for FULL MEMBERSHIP of VANISH with voting rights
1 September 2010 to 31 August 2011**

I am eligible for membership in the following category(s)

Vanish

ABN 35 582 901 627
A0018694U

Offspring:

- I am an adopted person
- I am a careleaver
- I am a donor conceived person

Biological or Natural Family:

- I am the natural parent of an adopted person
- I am the natural parent of a careleaver
- I am a donor parent

Non-biological or Alternative Family:

- I am an adoptive parent
- I am the foster parent or carer of a careleaver
- I am the non-biological parent of a child born of donor assisted reproduction
- I am the step-parent of an adopted person

- a) **Adult** **\$27.50 (includes GST)**
- b) **Pensioner or Health Card Holder** **\$16.50 (includes GST)**

Pension or Health Card No: _____

- OR -

**2. Application for FRIEND of VANISH eligible to receive VOICE and other notices
1 September 2010 to 31 August 2011**

(Please tick)

- An Individual who is not eligible for Membership under the above categories** **\$27.50 (includes GST)**
- A Professional** **\$38.50 (includes GST)**
- An Organisation** **\$55.00 (includes GST)**

Please note: The Committee may waive all or part of the annual fees for any member who, in its opinion, is in disadvantaged or necessitous circumstances.

How did you hear about VANISH? _____

YOUR DETAILS



ABN 35 582 901 627
A0018694U

Surname: _____

Given names: _____

Postal Address: _____

_____ Postcode: _____

Email address: _____ (please print)

Home telephone No: _____ Mobile No. _____

I prefer to receive VOICE or notices via email: Yes / No (please circle)
Please note: some constitutional documents are required to be sent by post

Payment by Credit Card

Name on Card: _____ Visa / Mastercard
(Please circle)

Card Number: _____

Expiry Date: __/__/__ CCV number: ___ (last 3 digits on back of card)

Signed: _____ Date: __/__/__

Amount: \$_____

Please make Cheque/Money Order payable to VANISH Inc Amount: \$

I support the purpose, aims and objectives of VANISH and agree to conform with them.

Signed: _____ Date: __/__/__

**Please return your completed Application Form to:
VANISH, P O Box 112, Carlton South . Vic . 3053**

Office use only:

Payment made via: V / M / Cheque / Money Order

Membership # _____

Processed: __/__/__

Reference: _____