

Please complete and return this form to VANISH before 1 March 2010

I wish to remain a VANISH member or become a Friend of VANISH (non-member)

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 may be required to be sent by post

Application for FULL MEMBERSHIP

I would like to become a financial full member of VANISH. I am eligible for membership in the following category(s)

(Please tick)

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) Pensioners or Health Card Holders \$ 7.50 (1 March - 1 Sept, 2010)
- b) Individuals \$12.50 (1 March - 1 Sept, 2010)

Pension or Health Card No: _____

Application to become a FRIEND of VANISH (non-voting member)

I would like to become / remain a Friend of VANISH to receive VOICE and other notices as:

(Please tick)

- An Individual** **\$12.50 (1 March - 1 Sept, 2010)**
- A Professional** **\$17.50 (1 March - 1 Sept, 2010)**
- An Organisation** **\$25.00 (1 March - 1 Sept, 2010)**

Payment by Credit Card

Name on Card: _____ Bankcard / 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

Signed: _____ Date: __/__/__

Amount: \$ _____

**Please return your completed Application Form to:
VANISH, P O Box 112, Carlton South Vic 3053 before 1 March, 2010**

Office use only:

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

Membership # _____

Receipt issued: __/__/__

Receipt No: _____

Please note:

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