

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 Queensland Foster and Kinship Care 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)				
<input type="checkbox"/> Foster Carer/s	<input type="checkbox"/> Kinship Carer/s	<input type="checkbox"/> Indigenous Carer/s	<input type="checkbox"/> Provisionally Approved Carer/s	<input type="checkbox"/> Supporter/s
YEAR OF APPROVAL AS CARER BY DEPT				
In Queensland:			Other State:	
SERVICE CENTRE / AGENCY				
Name of Service Centre:			Agency:	
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 1% applies to all payments by card)</i>		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	
Name on Card:				
Card No:			Expiry Date:	
Signature:				
Post or Email completed form to: Treasurer, Queensland Foster & Kinship Care Inc, 7/10 Depot Street BANYO QLD 4014			Email: admin@qfkc.com.au 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: