MEMBERSHIP OPTIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Benefits for each category of membership  (Fees are annual) | Individual Membership  $20 pa | Family Membership  $25 pa | Support Group Membership  $25 pa |
| Copy of the twice-yearly *Stroke Talk* publication (via email) | **✓** | **✓** | **✓** |
| Annual Stroke Forum with guest speakers (incl. lunch) | **✓** | **✓** |  |
| Administration support from SAV Head Office staff resources |  |  | **✓** |
| Insurance cover for individuals and Support Group activities | **✓** | **✓** | **✓** |

1. Membership:

Please fill in the attached form with your preference of membership with the Association. We also encourage you to take up membership with your local Stroke Support Group if you have one.

You can complete the form attached and post it to the Association office or contact the office directly to take up your membership option via phone on 03 9670 1117 or email at [info@strokeassociation.com.au](mailto:info@strokeassociation.com.au). Payment options and details are available on the attached membership form.

1. Make a donation to the development of a Stroke Support Centre in your area!

We aim to develop a Stroke Support Centre in every health region of Victoria as soon as we can. However, in order to set-up a centre and then maintain it with a paid Support Coordinator, it takes sustained funding and we will only achieve this through membership and donations from those who understand the need for long-term support. See attached membership form for donations.

1. Become a volunteer:

The Association is always seeking new potential volunteers to assist in our Stroke Support Centre or Peer Stroke Support Groups, as well as for specific programs or projects. If you are interested in becoming a volunteer and you have the necessary skills to play a part in the development of the Association, we want to hear from you!

In order to register your interest, please send details of volunteer role preferences and biography or CV to the Association via email at [info@strokeassociation.com.au](mailto:info@strokeassociation.com.au)

PLEASE COMPLETE THE ATTACHED FORM WITH YOUR MEMBERSHIP &/OR DONATION.

WE THANK YOU FOR YOUR CONTINUED SUPPORT.

MEMBERSHIP/DONATION FORM

Personal Details

Title: 🞎 Mr 🞎 Mrs 🞎 Ms 🞎 Dr 🞎 Unspecified

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner/Carer’s Full Name, inc title *(if taking up a Family Membership):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(To receive our twice-yearly newsletter, Stroke Talk, please ensure you supply an email address)

Are you a member of a Stroke Support Group or Stroke Support Centre?

* Yes If “yes”, please specify the Group/Centre name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

If “no”, would you like details of your nearest Group or Centre? Or alternatively, updates on plans for  
a Centre near you if one doesn’t currently exist in your area? \_\_\_\_\_\_\_\_\_\_\_\_\_

Membership category (please tick one)

* Individual ($20 pa)
* Family ($25 pa)
* Support Group ($25 pa)

I would like to make a Donation: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Membership and/or Donation Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Options

Credit Card (please select one): 🞎 Visa 🞎 Mastercard

Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_ CCV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and post this form to Stroke Association of Victoria, PO Box 2260, Hawthorn, Victoria, 3122

PayPal: [www.strokeassociation.com.au/get-involved.html](http://www.strokeassociation.com.au/get-involved.html)

Scroll to the bottom of the webpage, click on the Donate button and follow the prompts. Please include your email address, postal address and contact number for our membership records.