



ABN 76 000 412 715
Suite 2, Level 3, 92 Pitt Street, Sydney NSW 2000
Ph: 02 9216 9400 Fax: 02 9223 9528
admin@canassist.com.au

VOLUNTEER & MEMBER APPLICATION FORM

Please tick your preferred relationship with Can Assist:
Remember that Members are automatically volunteers as well

- Volunteer only (to assist at events, programs or projects)
- Member (to support committee structure & voting)

My local Branch is Can Assist _____

Contact Details (Please use capital letters)

Title: _____ Given Names: _____ Surname: _____

Postal Address: _____

Postcode: _____ Date of Birth: ____/____/____

Email Address: _____

Phone: Home: _____ Work: _____

Mobile: _____

Are you the spouse of an existing Can Assist member?* If yes, please provide their name & your relationship to them:

**Please note this is to avoid duplicate mailings to your home*

For Membership Applications - Please read and sign below:

I agree to comply with the Constitution, By Laws and the endorsed policies, procedures and guidelines of Can Assist (Cancer Patients Assistance Society of NSW).

I agree that during my membership with Can Assist, and after the membership ceases, I will hold and keep confidential all personal information that comes into my knowledge or possession. I agree to protect the privacy of those to whom the information relates, and will not discuss or divulge personal information at any time or to any third party, unless as a necessary part of my work with Can Assist I give an undertaking that I will observe this confidentiality at all times.

Applicant's Signature: _____ Date: ____/____/____

Please enclose your yearly membership payment with this form and give both to your local Branch President or Secretary.

Signed by Branch President in support of this application: _____

Branch Use Only

Membership payment received: \$ _____ Date: ____/____/____ Receipt Number: _____

Signature of Branch Treasurer: _____

Sydney Office Use Only:

Membership Number: _____