



# MEMBERSHIP APPLICATION

**Hills Community Options**  
 76 Hutchinson Street  
 Mount Barker, SA 5251  
 8398 4400  
 mail@hillsco.com.au  
 www.hillsco.com.au  
 ABN: 38068202746

In line with its Constitution Hills Community Options Inc welcomes applications for membership from people who commit to the values and objectives of Hills Community Options Inc.

All applications for membership require the endorsement of the Board.

Please note in 2016/17 only, the nominal \$10.00 subscription fee will be waived.

Please tick if you wish to apply for membership with Hills Community Options Inc., for the 2016/17 financial year.

## CONTACT DETAILS Please ensure all information is PRINTED in BLOCK CAPITALS

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TITLE (Mr/Mrs/Ms/Miss)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
UNIT/STREET NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
SUBURB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	STATE	<input type="text"/>	<input type="text"/>	POSTCODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TELEPHONE (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TELEPHONE (BUS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCCUPATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BUSINESS	<input type="checkbox"/>	PERSONAL	<input type="checkbox"/>																				

I hereby commit to uphold the Values & Principles of the organisation and to promote the primary focus of the organisation which is to support people with a disability live a valued and inclusive life in their community.

SIGNED  DATE

## ADDITIONAL INFORMATION Please tick if you wish to receive

- INFORMATION REGARDING VOLUNTEERING WITH HCO
- ARRANGEMENTS PERTINENT TO TAX DEDUCTABLE DONATIONS & BEQUESTS
- OUR QUARTERLY NEWSLETTER

Please return your completed form to:

Sue Horsnell  
 Hills Community Options  
 76 Hutchinson Street  
 Mount Barker, SA 5251

### Your Privacy

HCO takes its obligations under the Privacy Act seriously, and as such, will take all reasonable steps in order to comply with the Act and protect the privacy of personal information that it holds. HCO recognises the importance of protecting personal information, which it may need to collect from its staff, clients and those associated with the service. HCO is committed to following the SA Government's Information Sharing Guidelines (ISG) issued 2013. HCO commits to ensuring that any individual who provides information to HCO is protected according to the requirements of the Privacy Amendment Act (Private Sector) 2000.

## OFFICE USE ONLY

DATE PROCESSED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEMBERSHIP NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RECEIPT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ENDORSED BY BOARD	<input type="checkbox"/> YES	<input type="checkbox"/> NO			