



ConnectGroups
helping support groups & individuals

MEMBERSHIP REGISTRATION/ UPDATE FORM

No Fee Payable - ABN: 23 041 552 831

Registration Details (Please tick appropriate box)

- Affiliate Member** - Support Groups Only
- Associate Member** - Individual, Service Provider, Community Organisation, Educational Institution
- Corporate Member** - Professional, Commercial, Corporate, Government Department

How did you hear about ConnectGroups (previously WISH)?: _____

Name of Group / Organisation/Individual: _____

Postal Address: _____

Address to be published in the ConnectGroups Online Directory (if different): _____

Please tick this box if you would like to use the ConnectGroups PO Box as your 'Directory' address

Office or Group Contact: _____ Phone: _____ Available: _____

Office or Group Contact: _____ Phone: _____ Available: _____

Office or Group Contact: _____ Phone: _____ Available: _____

(If there are more than two contacts for your group please attach a separate sheet listing names, telephone numbers and hours available)

Fax.: _____ Freecall: _____ TTY: _____

Email: _____

Website: _____

Description of the group/organisation's services: _____

SERVICES: - Please **tick** which **service/s** your group provides:

- | | | |
|--|---|--|
| <input type="checkbox"/> 24 Hour Services | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Audio Visual Material |
| <input type="checkbox"/> Brochures/Posters | <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Facilities for Non-English Speaking People | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Free Advice | <input type="checkbox"/> Group Meetings | <input type="checkbox"/> Liaison With Govt Depts |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Legal Information | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Library Resources | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Self Help/Support/Fellowship | <input type="checkbox"/> Training Workshops/Seminars | |
| <input type="checkbox"/> Other (Please describe) _____ | | |

SUBJECT INDEX:- Please **tick** the subject **box/es** that are most relevant to your group:

- | | | |
|--|--|--|
| <input type="checkbox"/> 24 Hour Services | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Abuse/DV/Sexual Assault |
| <input type="checkbox"/> Accommodation/Housing | <input type="checkbox"/> Addictions | <input type="checkbox"/> Adoption/Fostering |
| <input type="checkbox"/> Aged/Senior | <input type="checkbox"/> Carer Support | <input type="checkbox"/> Children |
| <input type="checkbox"/> Community Centre | <input type="checkbox"/> Consumer Groups/Organisations | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Environment | <input type="checkbox"/> CALD/Ethnic/Migrant | <input type="checkbox"/> Family/Community Groups |
| <input type="checkbox"/> Government | <input type="checkbox"/> Greif/Loss | <input type="checkbox"/> Health - Children's |
| <input type="checkbox"/> Health - General | <input type="checkbox"/> Health - Men's | <input type="checkbox"/> Health - Mental |
| <input type="checkbox"/> Health - Women's | <input type="checkbox"/> Information Services | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Men | <input type="checkbox"/> Online Services |
| <input type="checkbox"/> Personal Growth | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Syndromes | <input type="checkbox"/> Trauma | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Women | <input type="checkbox"/> Youth | |

Form Completed by: _____ Position: _____

Signature: _____ Date: _____

PRIVACY POLICY: ConnectGroups- Support Groups Association WA Inc. uses your information for internal purposes only. We place paramount importance on protecting your privacy and will not sell your information or share it with others without your express permission.

Phone for enquiries: (08) 9228 4488. Please return this form to ConnectGroups:

By post: PO BOX 8140 Perth Business Centre WA 6849 or fax: (08) 9228 4490

FOR OFFICE USE ONLY

Date Received: _____

- NEW
 RENEWAL

DUE MONTH: _____

M/N: _____

PAID DATE: _____

AMOUNT PAID: _____

CASH CHEQUE EFT

DATABASE AMENDED

FINANCIAL RECORDS AMENDED

Updated by: _____

- SUPPORT GROUP
 INDIVIDUAL
 SERVICE PROVIDER
 COMMUNITY ORGANISATION
 EDUCATIONAL INSTITUTE
 PROFESSIONAL
 COMMERCIAL / CORPORATE
 GOVERNMENT DEPARTMENT