



Geelong Mood Support Group Inc., 284 LaTrobe Tce. Newtown VIC 3220.
Phone: 5222 5999 Fax: 5224 1862

MEMBERSHIP APPLICATION FORM

To continue to be a member of the Geelong Mood Support Group, complete the details below and enclose a cheque or postal order for \$20.00 made *payable to the Geelong Mood Support Group Inc.*, 284 LaTrobe Tce. Newtown, Victoria 3220. This annual fee entitles you to full membership, including access to our Library.

Title _____ First Name _____ Surname _____

Street _____

Suburb/Town _____ State _____ Postcode _____

Phone () _____ Date of Birth _____

Carer / Consumer (Please Circle)

Emergency Contact Name _____ Phone _____

PRIVACY INFORMATION STATEMENT

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This information is collected for statistical purposes only to provide information to funding bodies (Department of Human Services) for the monitoring and assessment of performance of the services offered. All information is confidential and names, addresses and other details are not supplied as part of the reporting process.

Thank you for assisting us by completing the details above. For further information please refer to our Privacy Policy which is available for inspection at any time from the Geelong Mood Support Group Office.

I give my permission for the Mood Support Group to collect the above information for statistical purposes only.

Signed: _____ Date: ____/____/20____