

Membership Form



To become a Forward member, simply fill in this form then:

Post PO BOX 6347, Silverwater DC, NSW, 1811

Fax 1300 88 66 02

Email info@fas.org.au

Title: Mr. Mrs. Ms. Dr. Other _____

Surname: _____ First name: _____

Membership no. _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Home phone: () _____ Mobile: () _____

Email: _____ Occupation: _____

Date of birth (DD/MM/YYYY): _____ Gender: _____

Name of Parent/Guardian (if under 18): _____ Relationship: _____

If you have a disability, what type(s) do you have? Please tick your Primary (P) and any Secondary (S) disability:

(P) (S) Spinal Cord Injury

- Paraplegia (spinal cord injury/disease)
 Quadriplegia (spinal cord injury/disease)
If you have a spinal cord injury, please state:
Date of injury: _____
Cause of injury: _____
Level of lesion: _____

(P) (S) Other Spinal Cord related disabilities

- Cerebral Palsy
 Multiple Sclerosis
 Muscular Dystrophy/Atrophy
 Spina Bifida

(P) (S) Other

- Alzheimer's disease
 Amputee
 Arthritis
 Brain injury
 Cancer
 Diabetes
 Hemiplegia
 Incontinence
 Intellectual/developmental
 Parkinson's disease
 Partial paralysis
 Polio
 Stroke/CVA (cerebral vascular accident)
 Other (please specify) _____

If you do not have a disability, are you:

- Family/spouse of a person with a disability
 An advocate for a person with a disability
 Employed in a non-government disability service/organisation
 Employed in a State, Federal or Local Government department or service
 Other (please state) _____

Forward complies with the National Privacy Principles (NPP). If you would like to view Forward's privacy statement, please refer to the website at www.fas.org.au, or contact us and ask to speak to our privacy officer. The information you have provided on this form will be used to provide you with membership services outlined on the form and your answers regarding your disability will be used for statistical purposes only. All other information herein will be kept confidential.
Updated 10 December 2021

Is your primary language English?

- Yes
- No, what is your primary language?

Do you require the use of an interpreter?

- Yes
- No

Are you of Aboriginal or Torres Strait Islander origin?

- Yes
- No

What is your primary purpose for becoming a member of Forward?

- To be part of a spinal cord injury network
- Access Pharmaceutical Benefits Scheme bowel preparation products
- To support the work of Forward
- Appointment to Board of Directors

How would you like to receive our quarterly Forward News magazine?

- Printed copy
- Electronic copy (please provide your email on page 1)
- Do not require the magazine

How did you hear about Forward?

- Forward staff support coordinator
- C.A.A.S. / C.A.P.S
- Clinical nurse consultant
Name: _____
- Community nursing / Health
- General Practitioner:
Name: _____
- Hospital / Spinal unit
- Residential aged care home
- Aged care assessment team _____
- Advertising (please specify): _____
- Medical specialist
Name: _____
Specialty: _____
- Other (please specify): _____

Are you a member of other disability related organisations? (please list)

Annual membership categories

There are two categories of membership:

Ordinary member – Person with a spinal cord injury or related disability, or an appointed Board Member. Has voting rights and access to all services and membership benefits.

Supporting member – Person who is a carer or with an interest in spinal cord injury. Has no voting rights and cannot stand for the Board of Forward.

I hereby apply for the following membership to Forward.

- Ordinary membership (\$20.00 inc. GST)
- Supporting membership (\$15.00 inc. GST)

Annual membership period is 30 Sept-29 Sept of the following year.

People with spinal cord injury receive free membership for the first 12 months from date of injury

I confirm that I meet the membership criteria for the nominated membership above and agree to abide by the rules of the Association (a copy of the constitution is available on request).

Member /Guardian signature:

Payment Details

(cross out if joining within 12 months of injury)

I would like to pay my membership by:

- Cheque Money order
- MasterCard Visa

For Credit Card Payments, please call our Membership Team on (02) 8741 5703

Signature: _____

Date: _____

My Payment includes:

Membership fee \$ _____

Donation (optional) \$ _____

Amounts over \$2 are tax deductible

Total amount \$ _____

- Forward and its related trading names introduce new products/ services/news from time to time. Tick the box if you do NOT want to be notified of these developments through our direct marketing mailings.