

Membership Application Form

Seniors Rights Service is a non-profit organisation. Any Australian resident, 18 years of age or older and has a genuine commitment to and understanding of Seniors Rights Services' [Charitable Purpose](#) can apply to be a member upon nomination by an existing member. Being a member means you are supporting our work in local communities to assist Older People. Members receive our e-newsletter publications and Annual Report. Please note that there is no membership fee, however donations are welcomed.

- I am not an employee of SRS and I would like to be an Ordinary Member
- I am an employee of SRS and I would like to be an Associate Member
- I agree with and support the [Charitable Purpose](#), the [Constitution](#) of Seniors Rights Service, and the [Member Code of Conduct](#).
- I would like to be invited to participate in relevant focus/consultative group sessions that Seniors Rights Service host in the future.
- I would like to be on Seniors Rights Service emailing list for upcoming events and e-newsletters etc.

Ms Mr Miss Mrs Dr Other

First Name _____ Last Name _____

Address _____

Phone _____ Email _____

Signature _____ Date _____

Nominated by _____ Seconded by _____

(Current Member)

(Current Member)

Return or submit the completed Membership Application Form and Member's Survey:

Upload the form using this link: <https://seniorsrightsservice.org.au/contact/become-a-member/>

Or, to:

Seniors Rights Service
Level 4, 418A Elizabeth Street
Surry Hills NSW 2010

Your rights. Your voice.

Level 4, 418A Elizabeth St, Surry Hills NSW 2010
P (02) 9281 3600 P 1800 424 079 F (02) 9281 3672
info@seniorsrightsservice.org.au www.seniorsrightsservice.org.au

Seniors Rights Service. ABN 98 052 960 862. ACN 626 676 533.

Member's Survey

It would be appreciated if you could complete this confidential short survey, to give us the background to your interest in joining Seniors Rights Service, and to enable us to assist you with your areas of interest in the future.

1. Reason/motivation for becoming a member

2. Experience in and with:

Aged Care _____ (Please specify)

Legal issues _____ (Please specify)

Elder Abuse (includes: physical, psychological or emotional, sexual or financial abuse) _____ (Please specify)

Other _____ (Please specify)

3. Occupational Background

<input type="checkbox"/> Law	<input type="checkbox"/> Social Support
<input type="checkbox"/> Health Care	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Policy	<input type="checkbox"/> Accomm. & Food
<input type="checkbox"/> Retail/Wholesale	<input type="checkbox"/> Public Admin. & Safety
<input type="checkbox"/> Other	_____ (Please specify)

4. Members interest areas

Law Reform

Consumer participation

Carer and Family support

Community Education

Evaluation of service delivery

Rural and regional services

Other _____ (Please specify)

5. Profile:

What is your age group?

<input type="checkbox"/> 55 and under	<input type="checkbox"/> 56 to 65
<input type="checkbox"/> 66 to 75	<input type="checkbox"/> 76 to 85
<input type="checkbox"/> 86 to 95	<input type="checkbox"/> 95 and over

What is your postcode?

6. Other Memberships: are you a member of any other organisations in the aged care, advocacy, or elder abuse sector?

Yes No

If yes, please specify:

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