



Foster Carers Association of Tasmania Inc.

FOSTER CARERS MEMBERSHIP Renewal FORM

Name: _____ (Mr. Mrs. Ms) please circle

Name: _____ (Mr. Mrs. Ms.) please circle

Address: _____ Postcode _____

Email: _____ Mobile _____

If you would prefer FCAT mail sent electronically please tick []

Telephone: _____ Date:...../...../.....

Signature _____ Signature: _____

Foster Carer [] South (telephone area code) 62 []
Kinship Carer [] North (telephone area code) 63 []
Associate Member [] North West (telephone area code) 64 []
please tick appropriate box.

Couple \$6.00 []

Single \$5.00 [] please tick box

All memberships will expire 30th of June of each year.

Associate members have no entitlement to vote however can support and pass on knowledge and skills and work alongside committee members.

Please forward payments to:-

Hobart (South)
GPO Box 39
Margate 7054

Launceston (North)
P.O. Box 26
Mowbray
7248

North West
P.O Box 610
Wynyard
7325

*A receipt will be given and a membership card will be forwarded on to members.
Applicants must be 18 years of age.*

ASSOCIATE ORGANISATIONS

Name Of Organisation: _____ Ph : _____

Name of Spoke person: _____ Mobile: _____

Address: _____

Email _____

Membership

Fee: \$60.00

please forward to State Treasurer P.O. Box 610 Wynyard 7325



Foster Carers Association of Tasmania Inc.

NEW FOSTER CARERS MEMBERSHIP FORM

Name: _____ (Mr. Mrs. Ms) please circle

Name: _____ (Mr. Mrs. Ms.) please circle

Address: _____ Postcode _____

Email: _____ Mobile _____

If you would prefer FCAT mail sent electronically please tick []

Telephone: _____ Date:...../...../.....

Signature _____ Signature: _____

Foster Carer [] South West [] South East [] (telephone area code) 62 []
 Kinship Carer [] North (telephone area code) 63 []
 Associate Member [] North West (telephone area code) 64 [] please tick appropriate box.

Couple \$6.00 []

Single \$5.00 [] please tick box

All memberships will expire 30th of June of each year.

Associate members have no entitlement to vote however can support and pass on knowledge and skills and work alongside committee members.

Please forward payments to:-

Hobart (South West) South East
 GPO Box 1338
 Hobart 7001

Launceston (North)
 P.O. Box 26
 Mowbray
 7248

North West
 P.O Box 610
 Wynyard
 7325

*A receipt will be given and a membership card will be forwarded on to members.
 Applicants must be 18 years of age.*

ASSOCIATE ORGANISATIONS

Name Of Organisation: _____ Ph : _____

Name of Spoke person: _____ Mobile: _____

Address: _____

Email _____

Membership

Fee: \$60.00

please forward to State Treasurer P.O. Box 118 Evandale 7212