HealthCare Consumers

Individual
Membership Renewal 2021-2024

PERSONAL DETAILS

TITLE: ☐ MR ☐ MRS ☐ MS ☐ MX ☐ OTHER (PLEASE SPECIFY) _____

GIVEN NAME: _____ LAST NAME: _____

ADDRESS: _____ POST CODE: _____

EMAIL ADDRESS: _____ PHONE: _____

I apply for membership of the Health Care Consumers' Association of the ACT and I agree to support the objectives set out in its Constitution. (The Constitution can be viewed at www.hcca.org.au).

SIGNATURE: _____ **DATE:** _____

I consent to be photographed or video recorded during my attendance at HCCA events, and for these images to be used in promotional and other relevant materials by HCCA.

☐ **Yes** ☐ **No**

DONATIONS

Joining HCCA is free but we welcome donations. Donations are used to support us in our work to improve the quality and safety of health services and ensure our health system meets the needs of consumers and our communities.

I wish to donate to HCCA $ _____

If making a donation via EFT please deposit into the following account and include your full name as a reference: Account name: Health Care Consumers' Association BSB: 112-908 Account no: 410 919 896

Health Care Consumers' Association is a Deductable Gift Recipient organisation. All donations of $2 or more are tax deductible.

AREAS OF INTEREST:

☐ Medication safety ☐ Complaints management ☐ Health policy ☐ Consumer handouts
☐ Research ☐ Health workforce ☐ Health literacy ☐ Digital health
☐ Signage and wayfinding ☐ Health service buildings design and construction
☐ Other (please specify) _____

ARE YOU INTERESTED IN HELPING HCCA WITH ANY OF THE FOLLOWING?

☐ Commenting on documents and policies ☐ Health policy development
☐ Attending occasional meetings or seminars ☐ Sharing your stories with others
☐ Becoming a consumer representative ☐ Organisational governance
☐ Other (please specify) _____

Health Care Consumers' Association

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