



MaterCare Australia Membership Application Form

Please fill out Membership Form and send to:

MaterCare Australia -

By Post :88A Partridge St Glenelg South 5045 or

scan and email to: info@matercare.org.au

If your application is successful, we will contact you within 14 days with details on how to pay your membership fees. If you prefer you can apply online through our website matercare.org.au.

Title: (circle) Fr / Sr / Dr / Prof / Mr / Mrs / Miss /Ms

Name: _____

Address: _____

Email: _____

Phone: _____

I have skills I can offer to the work of *MaterCare Australia*

I am a qualified *Health Professional*: _____

Other skills: _____

Our Annual Membership Fees

Medical Practitioner: \$100.

Other Healthcare Professional: \$50.

Friend: \$25.

Student: Free

Declaration

I accept the objectives of *MaterCare Australia* and agree to uphold and act in accordance with them – understanding that failure to do so may result in cancellation of my membership. I have read and hereby pledge the *Promise of the Catholic Physician* (doctors only).

signed _____

date _____