

**APPLICATION FOR MEMBERSHIP OF
Post Placement Support Service (Vic) Incorporated**

I desire to become a member of Post Placement Support Service (Vic) Incorporated

Name(s): _____

Occupation: _____

Address: _____ P/code: _____

Phone: _____ Fax: _____

Email: _____

I am an (*please tick*): Adoptive Parent Permanent Carer Foster Carer
 Kinship Carer Professional Other: _____

Area(s) of interest (*please tick*):

- Permanent care Kinship care Adoption
 Foster care Assisted reproduction

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature(s) of Applicant(s): _____

Date: ____ / ____ / _____

For office use only:

Approved by Committee of Management

Name: _____

Signature: _____

Date: ____ / ____ / _____

Membership is open to any person in the Australian community who has an interest in home based care – permanent care, adoption, foster care and kinship care.

PPSS advises that all details will be treated with absolute confidentiality and will not be made available to a third party without your prior consent.

Please return form to:

Post Placement Support Service

PO Box 1180

RICHMOND NORTH VIC 3121