

**P O BOX 228 GEELONG VICTORIA 3220**  
ABN 84971507717 ACNC #A0049010V

### **MEMBERSHIP APPLICATION**

**Please accept my application to join Cancer Action Victoria Inc as a**

- Full member with voting rights Yes / No
- Member for notices and communications only Yes / No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Are you a:**

Cancer Patient or Survivor Yes / No

Carer Yes / No

Family Member Yes / No

Health Care Professional Yes / No

Profession (if applicable): \_\_\_\_\_

If you are a cancer patient or survivor, which cancer type affected you?

\_\_\_\_\_

Do you wish to become a Cancer Advocate  
to help others affected by cancer? Yes / No

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_