

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: _____