

Donation & Membership Form

Please become a member and/or donate *today* to help Centre Against Sexual Violence (CASV) Inc. to provide safe, respectful services to assist women and young women on their path to healing: to work towards dispelling the social and cultural myths surrounding sexual violence; and to **encourage the community to take responsibility for the eradication of sexual violence.**

The vision of CASV is to eliminate sexual violence while providing counselling and support to the victims of this gender-based crime.

All donations over \$2.00 taxable deductible.

Mr / Mrs / Ms / Miss First Name: _____ Surname: _____

Company: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Phone: _____ Fax: _____

I/we, support and accept the **Mission Statement** (available on this website) of the CASV:

Signed: _____ Date: / /201

MEMBERSHIP TYPE (please ✓)	ENTRY REQUIRMENTS	LIMITATIONS OF MEMBERSHIP
Ordinary	Female - 18 years of age or over	Nil
Associate	Female Under 18 years of age and/or Male	Not eligible to vote, or for election to Management Committee
Organisation	Nil	One vote for a nominated female member of the organisation. Organisations are not eligible for Management Committee.
Reciprocal, for Organisations only	Nil	One vote for a nominated female member of the organisation. Organisations are not eligible for Management Committee.

MEMBERSHIP FEE	\$5 Waged	\$2 Unwaged	\$10 Organisation	No Cost Reciprocal

Method of Payment:

- Cash (Please do not send cash if mailing)
- Cheque / Money order made out to "Centre Against Sexual Violence Inc."
- Direct Debit (please contact CASV for bank details).

Membership fee Inc. GST: \$ _____

Tax Deductible Donation: \$ _____

Total: \$ _____

Please send completed form to
Centre Against Sexual Violence Inc.,
PO Box 243 Logan Central, Qld, 4114.
fax: 07 3808 3299

Thank you