



PalliativeCare
VICTORIA
Living, dying & grieving well

Organisational Membership Application Form 2019-20

Palliative Care Victoria works to ensure all people with life limiting illness and their families are supported to live, die and grieve well. We do this through empowering leadership, capacity building and advocacy.

Our activities during the period 2018-2022 focus on the following objectives

- Empowered consumers, carers and compassionate communities.
- Specialist palliative care benefits individuals and health services.
- Diversity-inclusive and diversity-responsive palliative care.
- Expanded, innovative and valued volunteering contributions.

We value your support as an organisation member to undertake this important work.

Membership also gives you access to:

- Our weekly electronic *Newsflash*. This includes news, events & education, employment opportunities, information & resources, opportunities to act & engage, and short summaries of research articles.
- Consultation and representation on key policy issues, including at a national level through our membership and contributions to Palliative Care Australia.
- The opportunity to vote at Annual and Special General Meetings of PCV.

Association members commit to the philosophy of palliative care, as defined by the World Health Organisation <https://www.who.int/cancer/palliative/definition/en/>.

To apply for membership please complete, sign and submit the form on the next page.

Once your application has been approved, we will send you a tax invoice. If you have any queries about your membership application, please call us or email us.

We appreciate your interest in supporting our work and look forward to contributing to your work as well.

Odette Waanders
Chief Executive Officer

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Application Form

Organisation Name			
Postal Address			
Suburb		Postcode	
Email		Phone	
Website URL		Fax	

Please nominate your Official Representative for all correspondence regarding your membership. NB this person will be your voting representative unless notified otherwise in writing.

Primary Contact / Official Representative

First Name		Last Name	
Position Title			
Email		Phone	

Membership Renewal Contact (if applicable)

If the above representative is not the person to contact regarding membership payments and renewals please provide relevant contact details below.

First Name		Last Name	
Position Title			
Email		Phone	

Briefly describe your organisation's involvement in palliative care.

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Please submit a copy of your organisation's most recent Annual Report with your application.

2019/2020 Membership Fee \$ _____ (excl GST)

Declaration

As the nominated representative, I declare that the organisation I represent as a member of Palliative Care Victoria is committed to the philosophy of palliative care as defined by the World Health Organisation and agrees to be bound by the Palliative Care Victoria Constitution.

Signature _____

Date _____



Membership fees 2019/2020

Palliative Care Services

Membership fees are based on **annual expenditure on palliative care services**, including education, research, service planning and coordination, as well as bereavement services.

To calculate fees

- Enter annual expenditure figure for last financial year
- Multiply by rate indicated
- Calculate total in last column
- Enter fee amount in space provided on application form

Other organisations

Fee is based on **total expenditure on care services** in the previous financial year

- Identify membership group
- Enter fee amount in space provided on application form

Group	Annual Expenditure for last financial year	x Rate	Annual Fee (excl GST)
Palliative Care Services		0.0070	
Other Organisations - Small	Up to \$500,000		\$250.00
Other Organisations - Medium	\$500,000 - \$1,000,000		\$500.00
Other Organisations - Large	Over \$1,000,000		\$750.00