Application & Payments Form – Please complete and email to info@equalhealth.org.au

Surname ..... **Given names** .....

(Names as shown in your passport)

Preferred name / Known as: ..... **DOB**:.....

Address:.....

State:.....**Postcode**:.....

Phone Home ( )..... **Work** ( )..... **Mobile**:.....

Home Email address..... .....**Work Email Address**.....

Facebook contact name .....

Occupation .....

Previous aid work experience (*New team members only)* .....

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Curriculum vitae (*Required for visa application)* **– Maximum of 2 pages** *(Please attach)*

What is your reason for participating on an Equal Health aid camp in India? *(500 word limit)* (*New team members only)*

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Referees (*New team members only – Professional or personal referees)*

Name	Position	Contact
1.	.....	.....
2.	.....	.....

How did you hear about Equal Health?

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Payments Form

(to be forwarded with your application)

All Equal Health volunteers are required to become members in order to participate in the camps.

Membership *(Please tick)*

- ☐ Financial member (annual fee) AUD $50.00 – complete attached form
  or
- ☐ Life time member (optional) AUD $500.00

Donation *(Please tick)*

- ☐ Deposit for India 2019 AUD $500.00
  or
- ☐ Full donation for India 2019 AUD $3,200.00

Payment Options

- ☐ **Direct Transfer to the Equal Health Bank Account:**
  MEMBERSHIP
  **BSB: 805 022 Account No. 01330499
  Account name: *Equal Health – Membership*
  Reference: *Your full name - Membership*

  EQUAL HEALTH CAMP DONATION
  **BSB: 805 022 Account No. 01361047
  Account name: *Equal Health – Donation*
  Reference: *Your full name - Donation*

****Please note that membership and donations are deposited into two different bank accounts as memberships are not tax deductible whereas donations are.**

OR

Credit Card *(Please tick card type)*

☐ VISA	☐ MasterCard

Card Number: _____CSV:_____Expiry date: _____

Name on card: _____

Amount: AUD_____

Signature: _____

I understand that this application will be assessed at the first Management Committee meeting following its receipt, and should my application be unsuccessful, the application fee will be returned to me in full. All information provided is confidential and complies with the National Privacy Principles (Commonwealth Privacy Act 1988)

Signed: _____ Date: _____