



Adoption Jigsaw

A9 - GENERAL Membership Application

Jigsaw is a membership based not-for-profit organisation.
Membership fees and donations enable us to continue our work.

Your details:

Name: Miss/Ms/Mrs/Mr _____

Organisation : _____

Address: _____ P/C _____

Telephone No: (H) _____ (mobile) _____

(W) _____ E-Mail _____

Do you want email reminders for Jigsaw events and support meetings? Yes/No

Cost

\$40

incl.GST

Membership entitles you to:

- Full voting rights
- Jigsaw Library – come and borrow a great range of books and articles.
- Newsletter – “Jigsaw Pieces”, published bi-monthly
- Use of Jigsaw facilities for search
- Registration on Contact Register

There are 2 types of membership (both have the same entitlements): Please select one.

Full membership - how are you involved in adoption? *Circle one:* adoptee Birth parent Adoptive parent
In order to link our records, if known, please state: name of adoptee _____ dob _____

name of birth mother _____ dob _____

Associate membership - what is your interest in adoption? (optional) _____

Agreement

I, (please print full name) _____ AGREE at all times to abide by the Constitution and By-Laws of Adoption Jigsaw WA INC., and to act strictly within the law of the Western Australian Adoption Act 1994.

Signature _____ Date _____

Tick if you want a copy of the Constitution and By Laws posted to you.

Privacy Statement: Adoption Jigsaw complies with the 2001 Privacy Act. Information collected is only used to provide membership services.

Contact Us:

McCall Centre, Adoption Jigsaw - 2A Curtin Ave. Cottesloe WA 6011 or PO Box 819. Cottesloe. WA 6911

Ph: (08) 9384 0222 Fax: (08) 9384 7192 Email: jigsaw@jigsaw.org.au Website: www.jigsaw.org.au

Payment Details - Note that this application must be signed, you can post, fax or scan and email it to us. You can pay online via Paypal or Direct Deposit, remember to include your full name. Alternatively send your credit card details, cheque or money order together with this application. Cheques payable to Adoption Jigsaw.

Visa/Mastercard : _____ / _____ / _____ / _____ Expiry _____ Amount _____

Name on Card _____ Signature _____

DIRECT DEPOSIT - BankWest Leederville BSB - 306 058 A/C - 0515379

DONATION: If you wish to make a tax deductible donation please add to the total amount.