



Family Worker Training
+ Development Programme INC.

**FAMILY WORKER TRAINING AND
DEVELOPMENT PROGRAMME INC.**
MEMBERSHIP July 2006~June 2007
Tax Invoice: ABN: 54 960 560 044

Phone: (02) 9620-6172
Fax: (02) 9620-6173
E-mail: admin@fwt dp.org.au
Website: www.fwt dp.org.au
PO Box 390, Seven Hills 1730

(Please Note: Receipts will NOT be issued. Please keep a copy of this renewal)

<p align="center">Membership is open to:</p> <p>Non Government Organisations whose primary work is with children 0-16 years can be a member of FWTDP</p> <p>(This includes Family support services and any other service working with families with dependent children)</p>	<p align="center">Members receive vouchers towards training!!</p> <p>Vouchers are ONLY available for FWTDP members and can be used at any of our Learning & Development events during the financial year in which the fees were paid. (One voucher per person per event)</p>
--	--

<p>Name of funded project:</p> <p><i>* Separate membership is required for each individual / service location</i></p>	<p align="center">Please tick:</p> <p><input type="radio"/> Renewal <input type="radio"/> New Application</p>
--	--

Contact Person: Correspondence will be addressed to this person

Name: _____

<p>Organisation (Postal) Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Work Phone: _____</p> <p>Mobile: _____</p> <p>Fax: _____</p> <p>Email: _____</p>
---	---

How many workers are covered by this membership? Part-time Full time

Is your organisation incorporated? Yes No

Name of your funding body? _____

Signature: _____	Date: _____
-------------------------	--------------------

Membership Fees:

Please pay according to the amount of funding for your programme (Please tick):

Membership fees will be:	(All fees include GST)
<input type="radio"/> Income less than \$100,000	\$75 per year —includes 4 x \$10 vouchers
<input type="radio"/> Income up to \$400,000	\$100 per year —includes 5 x \$10 vouchers
<input type="radio"/> Income over \$400,000	\$125 per year —includes 6 x \$10 vouchers

Total Cost Payable to FWTDP: \$ _____

Accepted Credit Cards (please select) Visa MasterCard Bankcard

Name on Card (Please Print Full Name): _____

Card Number: _____ **Expiry Date:** ___ / ___

Signature of Authorised Card Holder: _____ **Date:** _____

**Send form with complete credit card details or cheque payment payable to:
Family Worker Training & Development Programme Inc. P.O. Box 390, Seven Hills NSW 1730**

<p>Office Use Only:</p> <p>Date Payment Received: _____</p> <p>Amount Received: _____</p>	<p>Details recorded on data base: YES / NO</p> <p>Reference Code: _____ Initial: _____</p>
--	--