

Organisational Membership Application Form 2021/2022

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.

As the peak body for palliative care in Victoria, we look forward to working with you.

A/Prof Violet Platt Chief Executive Officer

Palliative Care Victoria Inc.

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Incorp Assoc No: A0022429M

ABN: 88 819 011 622

Application Form

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Organisation Nar	ne		
Postal Address			
Suburb			Postcode
Email			Phone
Website URL			Fax
NB this person wi	II be your voting representa Il correspondence will be sent	tive unless notified o	ndence regarding your membersh therwise in writing. s provided, unless an alternative
rimary Contact ,	Official Representative		
First Name		Last Name	
Position Title		1	
Email		Phone	
First Name Position Title Email		Last Name Phone	
Briefly describe yo	our organisation's involveme	ent in palliative care	-
lease submit a c	opy of your organisation's r	most recent Annual R	Report with your application.
021/2022 Me	embership Fee \$		(excl GST)
Palliative Care Vi	representative, I declare the ctoria is committed to the ph ion and agrees to be bound	nilosophy of palliativ	e care as defined by the World

Signature _____

Date _____



Membership fees 2021/2022

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		0.00070	
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