



CAPS INC MEMBERSHIP FORM

Community Action for the Prevention of Suicide Inc.

Community Action for the Prevention of Suicide Inc. is a not for profit community organization committed to delivering the most effective suicide prevention.

CAPS Inc. aims to provide an opportunity for the broader community to take an active role in the prevention of suicide. It is the conviction of CAPS Inc. that anti-suicide strategies need innovative approaches supported and controlled by rigorously evaluated practices.

Objectives

- establish and maintain ongoing operations of services and facilities which provide care and/or counselling for people with suicidal ideation
- promote the prevention or control of behaviour that is harmful or abusive to human beings
- support a sustainable funding base for practical activities and/or research
- develop partnerships when implementing community strategies
- implementation of suicide prevention education programmes
- provide information to the community.

Benefits of membership

- opportunity to take an active role in suicide prevention
- opportunity to support and promote improved, innovative and effective suicide prevention policies and services
- CAPS newsletter
- networking opportunities through functions and seminars
- access to training programmes and workshops at concessional rates.

Complete the following form and fax or mail to:

Attn: The Secretary
 Community Action for the Prevention of Suicide (CAPS) Inc.
 Post: 16 Morley St, Toowong QLD 4066
 Ph: 07 3870 8359 Fax: 07 3870 8569
 or Email: pennyatcaps@optusnet.com.au

Membership renewal occurs on the 1st July each year.
 Please note that CAPS will automatically deduct your annual membership by the same method each year unless otherwise advised.

I understand that by signing this membership form that annual membership fees will be automatically deducted on the 1st July each year unless I advise CAPS not to do so. _____ (please INITIAL here) yes no

Privacy Statement: Any information you provide to CAPS Inc will be treated in the strictest of confidence and in accordance with the Privacy Laws.

I accept your invitation to become a CAPS member.

- Membership Renewal
- Individual Member \$30.00
- Family Member \$40.00
- Community/Non-Government \$40.00
- Corporate/Professional/Government \$75.00
- Student/Pensioner \$15.00

I share CAPS vision and enclose a donation.

\$50 \$100 \$200 \$500 Other _____

I agree to CAPS deducting this donation annually unless I otherwise advise

Mr Ms Mrs Miss Dr Other:

Name: _____

Position: _____

Company / Organisation: _____

Address: _____

Ph / Mobile: _____

Email: _____

Payment details

Cheque or Money Order (made payable to CAPS)

Visa Mastercard Bankcard

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Cardholders Name: _____

Signature: _____

I understand the terms of this membership

Signature: _____

Proposer: _____ Signature: _____

Seconded: _____ Signature: _____

Date: _____