

CO.AS.IT. (SA)

Membership Form

Membership Type: Individual Organisation

Organisation Name: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Do you have experience/knowledge within the aged care sector or Italian community?
Please Circle Yes / No If yes please specify:

Are you interested in working collaboratively with CO.AS.IT. eg consultations, projects and other community initiatives?

Would you like to receive our newsletter and other relevant information? _____

Signature of Applicant: _____ Date: _____

Please return signed forms to Luisa Schopman, CO.AS.IT. 398B Payneham Road, Glynde 5070 or by fax on 8337 2111. Thank you.

Office use only

Name of authorising person: _____ Position held: _____

Signature: _____ Date: _____