



MEMBERSHIP APPLICATION FORM

VANISH Membership is free. Members receive quarterly newsletters plus occasional notices and invitations. You do not need to be a member to access VANISH services. Please complete both sides of this form and sign the member code of conduct overleaf. You can draw or insert an image of your signature with Adobe Acrobat.

1. Application for full membership with voting rights

I am eligible for membership in the following category/ies (tick as many as apply)

Offspring:

- I am an adopted person (including step-parent adoption) I am an inter-country adopted person
- I am a Forgotten Australian, care leaver or former state ward
- I am a donor-conceived person
- I am a person born through surrogacy
- I am a person raised under a permanent care order, custodial or guardianship order
- I am a person raised in an informal adoption or care arrangement

Biological or Natural Parent:

- I am a natural parent of an adopted person.
- I am a natural parent of a Forgotten Australian/care leaver/former state ward
- I am a donor parent of a donor-conceived person
- I am a natural parent of a donor-conceived person
- I am a surrogate mother
- I am a natural parent of a person raised under a custodial, guardianship or permanent care order
- I am a natural parent of a person raised in an informal adoption or care arrangement

Biological or Natural Family:

- I am a natural child of an adopted person
- I am a natural child of a person eligible for the offspring category other than an adopted person
- I am a natural sibling of an adopted person
- I am a natural sibling of a person eligible for the offspring category other than an adopted person

Non-biological or Alternative Family:

- I am an adoptive parent (including step-parent adoption)
- I am a permanent carer or legal guardian of a person eligible for the offspring category
- I am a legal/social (non-biological) parent of a donor-conceived person
- I am a non-biological sibling of a person eligible for the offspring category

OR... (please turn over)

2. Application for associate membership with no voting rights

I am an individual who is not eligible for membership under the above categories and

- I am a **Supporter** who supports the work of VANISH and not eligible for the above categories
- I am a **Professional** interested in the work of VANISH and not eligible the above categories.

Surname: _____ Given name: _____

Postal Address: _____

_____ Postcode: _____

Email address: _____ (please print)

Phone: _____

I prefer to receive newsletters and other notices: Via e-mail By post

How did you hear about VANISH? _____

MEMBER CODE OF CONDUCT

I support the purpose, aims and objectives of VANISH and agree to conform to them.

I agree, in the name of VANISH and in connection with any VANISH activities I undertake in any forum (including social media) and in all circumstances, that I will endeavour to:

- *conduct myself with dignity;*
- *be respectful of colleagues, members and other members of the public;*
- *help maintain a safe environment;*
- *be respectful of different views, feelings and opinions;*
- *respond to views different to my own or deliberate provocations in a firm but respectful manner; and*
- *maintain the confidentiality of other members and the public in an ethical and appropriate manner.*

Signature: *Date:*/...../.....

(Please do not type signature. A handwritten signature or digital image is required.)

Please return your completed form to: VANISH, P.O. Box 112, Carlton South, VIC 3053
or email to info@vanish.org.au

VANISH is frugally funded and relies on donations to extend the reach of our services. We welcome any donation to you are able to make via www.givenow.com.au/vanishinc or by cheque.

For more information about VANISH services visit www.vanish.org.au

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