



## Grandparents Rearing Grandchildren (WA) Inc

*"One person caring for another represents life's greatest value"*

I wish to apply for Membership and agree to support the objectives of the group.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Partner: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Full names of children (living at home):	Male or Female?	Date of birth:
_____		_____
_____		_____
_____		_____

Full names of grandchildren (living at home):	Male or Female?	Date of birth:
_____		_____
_____		_____
_____		_____

Reason for raising Grandchildren:

- Drugs/Alcohol
- Mental Illness
- Death
- Other

Is your care arrangement:

- Informal
- Family Court appointment
- Supported by DCP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEMBERSHIP FEE PAYABLE:

\$15.00 per single or \$20.00 Per Couple

DUE 1st JULY ANNUALLY

**EMAIL TO:** [secretary@grgwa.org.au](mailto:secretary@grgwa.org.au)

OR

**POST TO:** PO Box 487, Greenwood WA 6924