



**Prostate Cancer Help
Association Inc.
trading as PCaHELP**

ABN 51587638697
PO Box 30 North Beach WA 6920
Phone: (08) 9246 3779
Mobile: 0417 984 172

APPLICATION FOR SUPPORT GROUP MEMBERSHIP

Name of support group

Postal Address

Main Contact

Name

Position

Phone No – Landline

Phone No – Mobile

Email address

Second Contact

Name

Position

Phone No – Landline

Phone No – Mobile

Email address

Meeting Details

Meeting Place/Address

Meeting Days/Frequency
(detail any exclusions)

Meeting Times
(start/finish)

Support Group Details (continued)

Facebook page address

Website address

Is your group an
incorporated
association?

Do you maintain a digital
or manual (hard copy)
membership database?

How many members are
currently on your
membership database?

How many members
regularly attend your
meetings?
(state range if irregular)

By applying for membership to PCaHELP we hereby agree to the following:

1. Our prostate cancer support group will work with PCaHELP to help it achieve its goals, purpose, vision and mission
2. We will comply with the Association's Rules and Policies (including the workplace discrimination and harassment policy) as they relate to our support group membership
3. We will not do anything to bring PCaHELP into disrepute
4. We will always endeavour to provide at least one nominee member to assist PCaHELP for a minimum of one day per year to assist with their fundraising objectives
5. We will always endeavour to provide at least one nominee member for a minimum of one day per year to attend training/education events hosted by PCaHELP
6. We will always endeavour to provide at least one nominee member to assist PCaHELP for a minimum of one day per year to assist with their awareness events
7. We will always endeavour to provide at least one nominee member to attend the AGM of PCaHELP
8. We will notify PCaHELP of any changes to our support group, including changes to contact details, meeting locations and times
9. We will advise PCaHELP details of any special events we may host

We understand PCaHELP will assist its Support Group Members by:

1. Promoting Prostate Cancer Support Groups to the best of its ability
2. Raising awareness of prostate cancer to the best of its ability
3. Hosting regular training and educational events whenever funding allows
4. Providing funds to supplement the cost of accommodation for rural members to attend Perth based events hosted by PCaHELP whenever funding allows
5. Promoting networking, sharing knowledge and building comradery between prostate cancer support groups
6. Establishing and maintaining a website
7. Providing marketing materials to support groups to aid in their self-promotion
8. Listing contact details, meeting dates and meeting locations of support group members on their website
9. List any special events hosted by a support group on the PCaHELP website
10. Hosting a dedicated phone service and referring applicable enquiries to relevant prostate cancer support groups
11. Providing a monthly e-zine newsletter for distribution to all prostate cancer support groups (for distribution to all support group members)
12. Providing a dedicated email address for each prostate cancer support group
13. Providing relief support group leaders to host meetings at times when support group leader may not be able to host their regular support group meeting (where possible given travel distances)
14. Establishing a database of guest speakers
15. Valuing the affiliation agreements prostate cancer support groups have with PCFA

Membership Fees

We understand in signing this application for membership that the current entrance free and annual membership fee for support group members has been set by the committee as nil, therefore no funds are payable by our support group to PCaHELP at this time.

Nominated Representative Details

We hereby nominate the following person as our PCaHELP voting representative:

Name

Position

Phone No – Landline

Phone No – Mobile

Email address

Nominating Member Details

Note: All applications for membership must be nominated by a member of PCaHELP

Name

Position

Name of Support Group

Signature

Date

Signature of Applicant

Name

Position

Name of Support Group

Signature

Date