Nomination Form Member of Kids Cancer Support Group Incorporated (KCSG)



l:	hereby nominate:	
Name of Current Member		Candidate's full name
of:		
	Full address & postcode	
for Membership of KCSG.		
Candidate's contact details:		
Email:		
Telephone:	Mobile:	
Signed:	Date:	
Signed by current KCSG Member		
Responsibilities of Members		
	member is in the case of the organ	Geither in person or by proxy, however there is isation winding up. You are bound by our code ne KCSG website: kcsg.org.au
I accept the above nomination:		
Signed:	Date:	
Signed by Candidate		
Please fill out Part A below:		
eligible to apply to become voting members.		nosed with cancer or other blood disorder are e eligible for membership.
Part A I am a parent/carer/grandparent of a child	thood cancer patient	
rum a parenty earen/grandparent or a emit	mood cancer patient	
☐ I am a bereaved parent/carer/grandparen	t of a childhood cancer patient	
Please fill in child's name.		
Name:		

Please forward this nomination form to:

The Company Secretary, KCSG admin@kcsg.org.au

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Privacy Notice:

KCSG collects your personal information to manage your membership with KCSG, including to assess your suitability to become a member or director, promote and communicate with you about our initiatives, and comply with our legal obligations. We may disclose your personal information to third parties that provide services to KCSG. Our Privacy Policy is available upon request it contains information about:

- (i) how you can access and correct your personal information; and
- (ii) how to lodge a complaint regarding a breach of the Australian Privacy Principles and how we will handle such a complaint You may contact our privacy officer with any queries via email: admin@kcsg.org.au.