



WestCASA

APPLICATION FOR MEMBERSHIP 2015-2016

I,

_____ (please print full name of applicant)

of

_____ (please print full address)

_____ (postcode)

Telephone:

_____ (home or work)

Email:

Wish to become a member / renew my membership of the WESTERN REGION CENTRE AGAINST SEXUAL ASSAULT INCORPORATED (WestCASA).

I have read and understood the Vision, Mission and Aims and in becoming a member of WestCASA I will support them.

(Signature of applicant)

(Date)

Membership of other relevant organization (optional):

Western Region Centre Against Sexual Assault

53 Ballarat Road, Footscray. VIC 3011 • Counselling 03 9687 5811 • Administration 03 9687 8637 • www.westcasa.org.au

info@westcasa.org.au • PO Box 443, Footscray. VIC 3011 • Fax 03 9687 8960 • ABN 29 351 352 921



WestCASA

Vision:

A world where everyone lives free from the fear of sexual violence

Mission:

To promote the recovery of all people who have experienced sexual violence and to strive for a world free of sexual violence

Aims:

- To create an environment in which recovery from the effects of sexual violence can occur
- To advance community understanding of the social conditions that allow sexual violence to continue to occur
- To encourage communities to take responsibility for addressing the crime of sexual violence

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