



Application for Membership of UPA



United in Christian Care

ABN: 71 050 057 620

United Protestant Association of NSW Limited (UPA)

UPA MISSION

Our mission is to offer care of the highest possible standard consistent with UPA's Christian commitment and the expectations of society

UPA VALUES

Compassion Respect Integrity
 Kindness Inclusiveness

PHILOSOPHY OF CARE

The United Protestant Association, (UPA) is a Christian organisation that aims to provide quality service and care. We believe that every person that we care for has the right to live in peace with dignity, respect and security. That right does not diminish, irrespective of age.

We welcome people from all religious and cultural backgrounds. We convey compassion, kindness, respect and honesty in our work. Our staff and volunteers encourage and empower those we care for to choose their own path. Mindful of how we ourselves would like to be treated, we aim to provide a caring atmosphere of Christian love and understanding.

When we have failed to live up to our Mission, Values or Philosophy of Care we will seek to make amends.

OUR OBJECTS ARE:

- To promote care based on Christian principles demonstrating the love of God as revealed in Jesus Christ.
- To offer within a Christian environment, services and facilities for people in need, including aged and or disabled people, disadvantaged children, young people and families.
- To offer care of the highest possible standard, consistent with the UPA's Christian commitment acknowledging the demands and expectations of society and government at all levels, without regard to gender, marital status, ethnic status, or religion.

We thank you for your interest in applying for membership as this reflects a commitment to the work of UPA.

Your signature on the Application Form indicates that you subscribe to the objects of UPA and agree to be bound by the Constitution of the United Protestant Association, UPA's Code of Conduct, and UPA Policies and Procedures.

UPA MEMBERSHIP APPLICATION: Membership Fee: \$1 paid annually.

Region / Branch: _____

Your Name: _____
(Family) (Given)

Date of Birth: _____

Address: _____

Phone: _____ Mobile: _____

Email address: _____

Please tick the box if you authorize UPA Membership information to be emailed to the above email address:

How did you find out about UPA?

How long have you been associated with UPA?

The Mission, Values and Philosophy of Care are held very dearly by UPA. Briefly, how does your current life experience connect you to them?

Tell us about why you would like to become a member of UPA:

Please indicate your current or planned active involvement with UPA (refer list on page 4):

Please provide names of 2 referees who can support this application:

1. _____ 2. _____

Your application will be carefully considered by the Regional Executive, Branch or Board. If you have no prior involvement with UPA the Regional Executive/Branch/Board may defer a decision pending a demonstrated commitment to UPA through voluntary work.

I hereby make application to become a member of UPA and agree to abide by the terms of the Constitution, Code of Conduct, Policies and Procedures and other directions from time to time approved by UPA.

Signed: _____ Date: _____

Decision by UPA:

Membership Approved:

Yes No

Application Deferred pending further assessment:

Yes

Response to application:

Authorised By: _____

Regional Manager: or Regional/Board President or Vice President

Please indicate your current or planned involvement with UPA

Reading	<input type="checkbox"/>	Pet Therapy	<input type="checkbox"/>
Visiting	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Activities Program	<input type="checkbox"/>	Playing Games, eg scrabble	<input type="checkbox"/>
Providing magazines and similar reading material	<input type="checkbox"/>	Yarn Spinners (Knitting, embroidery, crochet)	<input type="checkbox"/>
Flowers	<input type="checkbox"/>	Church Services	<input type="checkbox"/>
Art Therapy	<input type="checkbox"/>	Bible Reading	<input type="checkbox"/>
Art Shows	<input type="checkbox"/>	Bible Study	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Pastoral Care	<input type="checkbox"/>
Opportunity Shops	<input type="checkbox"/>	Beauty Care	<input type="checkbox"/>
Auxiliary	<input type="checkbox"/>	Letter Writing	<input type="checkbox"/>
Bus Driving	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Regional Executive	<input type="checkbox"/>	Other	<input type="checkbox"/>
Playing Music	<input type="checkbox"/>	Staff member	<input type="checkbox"/>
Organizing CD's, DVD's, etc	<input type="checkbox"/>	Auxilliary Committee	<input type="checkbox"/>
Movement & Dancing	<input type="checkbox"/>	Donor	<input type="checkbox"/>

UPA REGIONAL OFFICES

North Coast

PO Box 10 Alstonville 2477
02 6628 5559

Sydney

123-157 Bungaree Rd
Pendle Hill 2145
02 8197 9300

Central West

PO Box 8090 Orange 2800
02 6362 7820

Hunter

100 Lake Rd Wallsend 2287
02 4965 2200

Riverina Murray

PO Box 123 Lavington 2641
02 6025 1776

Western

315 Macquarie St Dubbo 2830
02 5852 4700

Sydney North

PO Box 273 Wahroonga 2076
02 9450 8300

Corporate Office

PO Box 273 Wahroonga 2076
02 8998 5600