



MEMBERSHIP APPLICATION FORM 2026

About the Alliance

We are a group of individuals, including people living with dementia and their advocates, local businesses, community groups and organisations who are working together to raise dementia awareness and improve the quality of life for people living with dementia and their carers.

Annual subscription

Membership fee: \$10.00. Please make payment by direct deposit to the following:

Bank: **Newcastle Permanent**
Account Name: **Greater Port Macquarie Dementia Friendly Community Alliance**
BSB: **650 000**
Account No: **544 624 700**

Please use your Family Name and membership as a reference.

If these fees cause hardship, please speak to our membership coordinator, Kellon Beard, via email.

kellonbeard@hotmail.com

Membership	Application	
Name:		
Please tick the appropriate.	<input type="checkbox"/> Person Living with Dementia <input type="checkbox"/> Carer	<input type="checkbox"/> Advocate <input type="checkbox"/> Other
Phone:		
Email:		
Postal Address:		
Signature:		
Date:		

Would you be available for Volunteering for our various projects throughout the year?
Yes/No

Do you have any skills/knowledge/experience that would benefit the work of the Alliance?
Yes/No



Help make Port Macquarie a more dementia friendly community



Port Macquarie

DEMENTIA FRIENDLY COMMUNITY

Monthly **Members Meetings** are held every 4th Wednesday of the month from 8:30 – 10:00 am, either in person at 121 Bridge Street, Port Macquarie or via Zoom.

Periodically **The Port Macquarie Dementia Friendly Community Alliance** may run activities or take part in community events where participants are filmed or photographed; these may be used to promote our Alliance on social media and other forms of media. By signing below, you give your permission for your image to be used and agree that you will not receive any acknowledgement, remuneration or compensation. This consent may be withdrawn at any time by contacting the Secretary, Kellon Beard, by email kellonbeard@hotmail.com.

Consent Signature.

Name:	
Signature:	
Date:	

If consent is required by an authorised person

Name:	
Signature:	
Date:	

Please feel free to contact us if you have any questions via our
mobile number **0433 134 827**



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