



# MEMBERSHIP APPLICATION

ME/CFS Society (SA) Inc. (Registered Charity 698)

GPO Box 383, Adelaide, South Australia 5001 Ph: 8410 8929 Fax: 8410 8931  
Web: www.sacfs.asn.au Email: sacfs@sacfs.asn.au



Full Name (Mr/Mrs/Ms/Miss/Dr) \_\_\_\_\_  
First Name Last Name

Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Suburb / Town State Postcode Country

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Mobile

Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Membership Fees (Rates are due on 1 July each year)

I enclose my cheque/money order for the following (please tick appropriate box):

- Subscriptions  \$38 (Inc GST) Single.
- (includes Journal)  \$25 (Inc GST) Single (concession).
- Please circle: DSP/Student/Unemployed/Aged Pension
- \$45 (Inc GST) Family.
- \$38 (Inc GST) Family (concession).
- ADD  \$10 Overseas members.

Plus Donation \$ \_\_\_\_\_ Your donation will greatly assist the Society's work.  
All donations of \$2 or more are tax-deductible and a receipt will be posted to you.

**Total enclosed \$** \_\_\_\_\_ Payable to "ME/CFS Society (SA) Inc."  
Send to:  
ME/CFS Society, GPO Box 383, Adelaide, SA 5001.  
(Please don't send cash in the mail)

### Office Use Only

Date Received

\_\_\_\_/\_\_\_\_/\_\_\_\_

Entered in Database

SAYME Copy  
(if appropriate)

Transaction/  
Receipt number:

\_\_\_\_\_

**SAYME** Please tick if you or a family member would like to be a member of SAYME  
(South Australian Youth with ME/CFS), the youth organisation of the Society.  
You will receive regular newsletters plus information about youth meetings and activities.

If different from the name above, please provide the name(s) you would like the SAYME membership to be under.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to uphold and abide by the Constitution of the ME/CFS Society (SA) Inc.

The Constitution can be found on our website at [http://sacfs.asn.au/society/become\\_a\\_member/index.htm](http://sacfs.asn.au/society/become_a_member/index.htm).

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card Payment

Name on Card \_\_\_\_\_

VISA / MasterCard / Bankcard EXP \_\_\_\_/\_\_\_\_

□□□□ □□□□ □□□□ □□□□

Signature \_\_\_\_\_

I would like to receive Society notices by email.

I would like emails on Fibromyalgia Syndrome.

I would like emails on Multiple Chemical Sensitivity.