



ME/CFS Australia (SA) Inc.

OFFICE: 266 Port Rd, Hindmarsh SA 5007
OFFICE HOURS: Wednesdays 10am – 3pm
WEBSITE: www.sacfs.asn.au

POSTAL ADDRESS: GPO Box 383, Adelaide SA 5001
TELEPHONE: (08) 8346 3237
EMAIL: sacfs@sacfs.asn.au
COUNTRY CALLERS: 1300 128 339
ABN: 14 535 639 334

Membership Application and Renewal

To join the South Australian ME/CFS society please complete all the following details. Renewing members need only provide any details that have changed since last time a form was completed, however please confirm your email address and/or mobile number, if you have not yet registered for the updates and would like to. Items marked with an * are required, all other information is optional. All of your information is kept confidential.

*NAME (Mr / Mrs / Ms / Miss / Dr / _____):

*POSTAL ADDRESS:

*POSTCODE:

HOME PHONE: ()

WORK: ()

MOBILE:

EMAIL:

DATE OF BIRTH: / /

- I would like to receive society notices (email bulletins with ME/CFS news, updates and reminders, etc) via email.
- I would like to receive society notices (seminar reminders and special notice of media events, etc) via SMS.
- I (or a friend or relative) would like to volunteer some time, service or business sponsorship to assist the society.

Annual Subscription Rates

(payment is due on 1st July each year and is GST inclusive)

- Full \$38
- Concession \$25
- Family \$45
- Family Concession \$38
- Overseas Members add \$10 (for extra postage)

I wish to include a **donation**, to assist the volunteer-run society's work, of:

\$ _____

(all donations of \$2 or more are tax deductible and a receipt will be posted to you)

Total enclosed:

\$ _____

Payable to: ME/CFS Australia (SA) Inc.
GPO Box 383
Adelaide, SA 5001
(please don't send cash in the mail)

Which Best Describes You?

I suffer from:

- ME/CFS FM MCS Other _____

or, I am a:

- Carer Relative Friend
 Health Professional / Scientist

Membership

I hereby apply for / renew my membership of ME/CFS Australia (SA) and agree to uphold and abide by the constitution of ME/CFS Australia (SA). The constitution can be found on our website at: www.sacfs.asn.au/society/member/index.htm

Signed:

Date: / /

Payment Method

- Cheque / Money Order (payable to ME/CFS Australia (SA) Inc.)

Credit Card:

- VISA MasterCard

Card number:

□□□□ □□□□ □□□□ □□□□

Name on card: _____

Signed:

Expiry Date: / /

OFFICE USE ONLY

Date received: / / Membership No. _____

Entered in database _____ Receipt No. _____

Membership pack sent _____ Volunteer name _____