

Introduce a mate and get a great rate!

Please fill out the details below to receive a 50% discount on your 2009/10 membership fees.

Current Member Details

Name: _____

Current address: _____

Town/Suburb: _____ State: _____ Post code: _____

Phone: _____

Please tick the option of how you would like 50% of your membership fee reimbursed (please select only one option):

Electronic payment to nominated bank account

Account Name: _____

BSB Number: _____ Account Number: _____

Discount on Arthritis ACT services or products. Please note that this discount can be used throughout the year.

Please circle the service or product you would like to receive the discount:

WWX DVD/CD Book Seminars

New Member Details

Name: _____

Current address: _____

Town/Suburb: _____ State: _____ Post code: _____

Phone: _____

New members will need to fill out a membership form located on our website or please call the office on 6288 4244 for a copy.