

MEMBERSHIP OR RENEWAL APPLICATION

APPLICANT INFORMATION

Name: Dr/Mr/Mrs/Miss/Ms

Current address:

Town/Suburb:

State:

Post Code:

Phone (h):

Phone (w or m):

Date of Birth:

Email Address:

@

WHICH OF THE FOLLOWING DO YOU HAVE? (PLEASE CIRCLE)

Osteo**arthritis**

SLE (Lupus)

Ankylosing Spondylitis

Rheumatoid Arthritis

Juvenile Arthritis (JA)

Gout

Fibromyalgia

Sjogren's Syndrome

Not sure

Osteo**porosis**

Psoriatic Arthritis

Other type of arthritis

HOW DID YOU FIND OUT ABOUT US? (PLEASE CIRCLE)

Friend/Family

Doctor

Allied Health Professional

Arthritis ACT Email/Website

Other: _____

ARTHRITIS ACT WELCOMES THE ASSISTANCE OF VOLUNTEERS

Can you help? (Please Circle)

YES (we will contact you)

NO

MEMBERSHIP SUBSCRIPTIONS (NB. Pensioners = Centrelink/Veterans Affairs pension only)

ACT Membership *ONLY*

ACT / NSW Membership *Combined*

Individual

\$ 37.00

Individual

\$ 43.00

Pensioner / Full time Student

\$ 26.00

Pensioner / Full time Student

\$ 33.00

Family

\$ 48.00

Family

\$ 54.00

Pensioner Family

\$ 37.00

Pensioner Family

\$ 43.00

Health Professional / Organisation

\$ 33.00

Health Professional / Organisation

\$ 37.00

Corporate Membership

\$105.00

PLUS WARM WATER EXERCISE FEES (Please Tick)

Individual Registration

\$ 25.00

Single Tickets \$5.20 each

No:

\$

Pensioner/Full Time Student Registration

\$ 17.00

20 Tickets @ \$99.00

No:

\$

Pool (Please circle): The Canberra Hospital Black Mountain School

40 Tickets @\$188.00

No:

\$

Club MMM (Belconnen) Calvary John James Hospital

Donation

\$

PENSION NUMBER:

Total Amount Enclosed

\$

ADDITIONAL INFORMATION FOR WARM WATER EXERCISE

Before commencing the warm water exercise program you will need to provide a Medical Clearance form, completed by your doctor and register for warm water exercise (see section above). Medical Clearance forms to be faxed or posted to the address at the top of this form.

PAYMENT INFORMATION (PLEASE CIRCLE)

Cash

Cheque

Money Order

MasterCard

Visa

Card Number: _____ | _____ | _____ | _____

CCV Number * _____

Card Holders Name: _____

Expiry Date:

____ / ____ / _____

Signature of applicant:

Date: ____ / ____ / _____

* The CCV is mandatory; this is the last three digits on the back of your card

Prices effective: 1 August, 2011