

## MEMBERSHIP APPLICATION (12 MONTHS FROM DATE OF 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

### WHERE DID YOU HEAR ABOUT ARTHRITIS ACT? (PLEASE CIRCLE)

Doctor

Health Professional

Paper

Radio

Television

Friend

Community Organisation

Other

### ARTHRITIS ACT ALWAYS NEEDS THE ASSISTANCE OF VOLUNTEERS

Can you help: (Please Circle)

YES

NO

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

#### ACT Membership *ONLY*

#### ACT / NSW Membership *Combined*

Individual

\$ 35.00

Individual

\$ 40.00

Pensioner / Full time Student

\$ 25.00

Pensioner / Full time Student

\$ 30.00

Family

\$ 45.00

Family

\$ 50.00

Pensioner Family

\$ 35.00

Pensioner Family

\$ 40.00

Health Professional / Organisation

\$ 30.00

Health Professional / Organisation

\$ 35.00

Corporate Membership

\$100.00

### PLUS WARM WATER EXERCISE FEES (Please Tick)

Individual Registration

\$ 20.00

SINGLE TICKETS \$5 EACH

No:

\$

Pensioner/Full Time Student Registration

\$ 15.00

20 TICKETS @ \$95.00

No:

\$

Pool (Please circle)

40 TICKETS @\$180.00

No:

\$

Calvary John James Hospital  
Mountain School

Black

**Donation**

\$

Club MMM (Belconnen)

**Total Amount Enclosed**

\$

**PENSION NUMBER:**

### ADDITIONAL INFORMATION FOR WARM WATER EXERCISE

**Before commencing the warm water exercise program you will need to complete a separate application/agreement form, obtain medical clearance and pay the additional registration and session fees and return them with this form.**

### PAYMENT INFORMATION (PLEASE CIRCLE)

Cash

Cheque

Money Order

MasterCard

Visa

Expiry Date:

Signature of applicant:

Date:

**Please tick the box if you need a receipt for membership and/or warm water exercise fees**  
**A stamped self-addressed envelope for your receipt would be appreciated.**

