

MEMBERSHIP APPLICATION (12 MONTHS FROM EXPIRY DATE)

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:

Expiry Date

WWX Expiry

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

Osteo <u>arthritis</u>	SLE (Lupus)	Ankylosing Spondylitis
Rheumatoid Arthritis	Juvenile Arthritis (JA)	Gout
Fibromyalgia	Sjogren's Syndrome	Not sure
Osteo <u>porosis</u>	Psoriatic Arthritis	Other type of arthritis

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

Doctor	Health Professional	Paper	Radio	Television	Friend	Community Organisation	Website
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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 <i>ONLY</i>			ACT / NSW Membership <i>Combined</i>		
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): The Canberra Hospital Black Mountain School			40 Tickets @\$180.00	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
			Expiry Date:	/

Signature of applicant:

Date:

CCV Number