

**APPLICANT INFORMATION:**

Title: .....

First Name: .....

Surname: .....

Street Address: .....

Suburb: .....

State: ..... Postcode: .....

E-mail: .....

Phone(W): ..... Phone(H): .....

Mobile: ..... Date of Birth: .../...../.....

What type of condition do you have?

.....

How did you find out about Arthritis ACT?

.....

- Please select an annual membership type
- Individual** \$41.00
  - Pensioner / Full-Time Student** \$31.00
  - Family** \$51.00
  - Pensioner Family** \$41.00
  - Health Professional / Organisation** \$45.00
  - Corporate Membership** \$120.00

**Payment Method:**

Cheque  Visa  Mastercard

Card Number: ...../...../...../.....

Expiry Date: ...../..... \*CCV: .....

Cardholder Name: .....

Signature of Applicant: .....

Date: ...../...../.....

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

Arthritis ACT welcomes the assistance of Volunteers  
Can you help?  Yes (we will contact you)  No



*Move it or Lose it.*



Your suggestions on how we can help you further are important to us.

**CONTACT**

**Arthritis ACT**

p PO Box 4017 Weston Creek, ACT 2611  
a 27 Mulley Street, Holder ACT 2611

t **1800 011 041**

f **02 6288 4277**

e [info@arthritisact.org.au](mailto:info@arthritisact.org.au)

w [www.arthritisact.org.au](http://www.arthritisact.org.au)

ABN 25538506729

**BECOME A MEMBER TODAY**



**ARTHRITIS ACT**

Including  
Osteoporosis ACT



*We are here  
to help you*

SUPPORT & SERVICES

INFORMATION & EDUCATION

SELF MANAGEMENT ACTIVITIES

## FACTS ABOUT ARTHRITIS

**More than 30% of Australians — adult and child, male and female — will be affected by arthritis or some form of musculoskeletal condition during their lives.**

- ▲ Musculoskeletal conditions are the greatest single cause of disability in Australia today
- ▲ Nearly 60% of people with arthritis are under the age of 65 including children
- ▲ 10% of people aged 20 have symptoms of osteoarthritis, often as a result of poor sports injury management



## FACTS ABOUT OSTEOPOROSIS

Osteoporosis affects both men and women but early onset of this disease is largely preventable.

- ▲ 50% of women and 33% of men over 60 will suffer a bone fracture because of osteoporosis
- ▲ The most common fracture is of the hip, and one in two people will require long-term nursing care as a result
- ▲ By 2020 it is estimated that one in three hospital beds will be taken up by people with osteoporosis

## WHAT WE PROVIDE

### WE CAN HELP ... AND SO CAN YOU!

Having a musculoskeletal condition does not mean giving up an active life. With management, people with arthritis and osteoporosis can continue to achieve high levels of activity.

Arthritis ACT is dedicated to provide you with a quality service at a low cost:

- ▲ **Self Management Programs**  
We provide you with the skills, knowledge and confidence needed to manage and control your condition.
- ▲ **Support**  
A variety of groups meet regularly to share information and encouragement to live effectively with a chronic condition.
- ▲ **Exercise "Move it or lose it."**  
Other exercise programs are offered on a regular basis. Regular exercise is critical for the maintenance of joint mobility and strength as well as to help prevent falls.
- ▲ **Warm Water Exercise** is offered in hydrotherapy pools across Canberra. Being non-weight bearing, water-based exercise is particularly beneficial for those with musculoskeletal conditions.
- ▲ **Regular seminars and workshops.**
- ▲ **Telephone information and support.**
- ▲ **The latest information and developments on musculoskeletal health.**
- ▲ **Regular updates via our Newsletter**
- ▲ **Advocating for our consumers in the ACT region.**
- ▲ **Research**  
Arthritis ACT encourages and supports local research activity, while contributing to national research.



## MAKE A DONATION

THANK YOU for helping Arthritis ACT make a difference

*Your gift of \$2.00 or more is tax deductible*

Name: .....

Street Address: .....

Suburb: .....

State:..... Postcode: .....

E-mail: .....

### Here is my gift of:

\$40  \$60  \$100  \$250  My Choice \$.....

### Payment Method:

Cheque  Visa  Mastercard

Card Number: ...../...../...../.....

Expiry Date: ...../..... \*CCV: .....

Cardholder Name: .....

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*Thank You!*

Arthritis ACT will not sell your personal details to any other organisation and complies with the Privacy Amendment (Private Sector) ACT 2000.