

MEMBERSHIP OR RENEWAL APPLICATION

Title:	First name:	Last name:
Address:		Suburb/Town:
State/Territory:	Postcode:	Date of Birth: : ___ / ___ / ___
Phone (h):	Phone (w):	Mobile:
Email address:		Confirm email address:
Pension Number:		

ADDITIONAL FAMILY MEMBER - ONE

Title:	First name:	Last name:	Relationship:
Date of Birth: : ___ / ___ / ___		Email address:	

ADDITIONAL FAMILY MEMBER - TWO

Title:	First name:	Last name:	Relationship:
Date of Birth: : ___ / ___ / ___		Email address:	

WHICH OF THE FOLLOWING DO YOU OR YOUR FAMILY MEMBERS HAVE? (Please tick the box/es)

<input type="checkbox"/> Osteo <u>ar</u> thritis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> SLE (Lupus)
<input type="checkbox"/> Juvenile Arthritis (JA)	<input type="checkbox"/> Gout	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Sjogren's Syndrome
<input type="checkbox"/> Osteo <u>op</u> orosis	<input type="checkbox"/> Psoriatic Arthritis	<input type="checkbox"/> Other type of arthritis	<input type="checkbox"/> Not sure

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

Basic Membership		Warm Water Exercise Membership	
Individual (\$41)	\$	Individual (\$67)	\$
Pensioner/Full-time Student (\$31)	\$	Pensioner/Full-time Student (\$49)	\$
Family (\$51)	\$	Family (\$103)	\$
Pensioner Family (\$41)	\$	Pensioner Family (\$77)	\$
Health Professional/Organisation (\$45)	\$		
Corporate (\$125)	\$	Donation (over \$2 is tax deductible)	\$

Warm Water Exercise Tickets – Member					
Single Tickets __ @ \$5.60	\$	20 Tickets __ @105	\$	40 Tickets__ @ \$200	\$

Warm Water Exercise Tickets – Family Member One					
Single Tickets __ @ \$5.60	\$	20 Tickets __ @105	\$	40 Tickets__ @ \$200	\$

Warm Water Exercise Tickets – Family Member Two					
Single Tickets __ @ \$5.60	\$	20 Tickets __ @105	\$	40 Tickets__ @ \$200	\$

Total Amount Enclosed (Membership + Donation + Warm Water Exercise Tickets)	\$
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ADDITIONAL INFORMATION FOR WARM WATER EXERCISE

Before commencing the warm water exercise program each person must provide a Medical Clearance form completed by their doctor. Medical Clearance forms are to be returned by email, fax, post or in person to one of the addresses shown at the top of the form.

PAYMENT INFORMATION (Please tick the box)

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque ¹	<input type="checkbox"/> Money Order ¹	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Number: _____ _____ _____ _____			CCV Number ² : _____	
Card Holder's Name:			Expiry Date (mm/yy): _____ / _____	
Signature of Applicant::			Date: _____ / _____ / _____	

¹ Payable to Arthritis ACT

² The CCV is mandatory; this is the last 3 digits on the back of the card.

If you do not wish to receive information about musculoskeletal conditions, our newsletter or donation requests from Arthritis and Osteoporosis ACT please tick this box