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| **ARTHRITIS, PAIN SUPPORT & ME/CFS ACT - Family Day Camp Registration Form** |
| Title: | First name: | Last name: |
| Address: | Suburb/Town: |
| State/Territory: | Postcode: | Date of Birth: : \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ |
| Phone (h):  | Phone (w): | Mobile: |
| Email Address:  |
| Number of Attendees Adults: Children: Carer/Support Worker: |
| **ATTENDEE DETAILS** |
| First Name: | Last Name: |
| Date of Birth:  | Relationship: |
| First Name:  | Last Name: |
| Date of Birth:  | Relationship: |
| First Name:  | Last Name: |
| Date of Birth: | Relationship: |
| First Name:  | Last Name: |
| Date of Birth:  | Relationship |
| **WHICH OF THE FOLLOWING APPLIES TO YOUR FAMILY?** |
| ( ) JIA | ( ) Hypermobility Syndrome | ( ) Chronic Pain Condition | ( ) ME/CFS |
| ( ) Autoimmune Disease | ( ) Chronic Fatigue (non-ME/CFS) | ( ) Other  |  |
| **CAMP FEES** |
| Member (Family Membership $49): Free |
| Non – Member fee: $100 |

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| **PAYMENT INFORMATION (Please tick the box)**  |
| * Cash
 | * Cheque1
 | * Money Order1
 | * Mastercard
 | * Visa
 |
| Card Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ |\_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_\_ \_\_\_   | CCV Number2 :    \_\_\_  \_\_\_  \_\_\_  |
| 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.

Memberships can be made over the phone, or in person at our Bruce or Pearce offices (170 Haydon Drive Bruce 9-5 Mon-Fri or Building 1, 1 Collette Place Pearce – 9:00-2:30 Mon-Fri) or by posting this form to PO Box 908 Belconnen ACT 2616

