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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

