



ME/CFS Australia (SA) Inc.

OFFICE: 266 Port Rd, Hindmarsh SA 5007
OFFICE HOURS: Wednesdays 11am – 3pm
WEBSITE: www.sacfs.asn.au

POSTAL ADDRESS: PO Box 28, Hindmarsh SA 5007
TELEPHONE: 1300 128 339
EMAIL: sacfs@sacfs.asn.au ABN: 14 535 639 334

Membership Application and Renewal

To join the South Australian ME/CFS society please complete all the following details.

Renewing members need only provide their name, address and any details that have changed since last time a form was completed. However, if you have not yet registered for the updates and would like to, please confirm your email address and/or mobile number. Items marked with an * are required, all other information is optional. All of your information is kept confidential.

*NAME (Mr / Mrs / Ms / Miss / Dr / _____):

*POSTAL ADDRESS:

*POSTCODE:

HOME PHONE: ()

WORK: ()

MOBILE:

EMAIL:

DATE OF BIRTH: / /

- I would like to receive the journal, **Talking Point**, electronically **via email**.
- I would like to receive society notices (**email bulletins** with ME/CFS news, updates and reminders, etc) **via email**.
- I would like to receive society notices (seminar **reminders** and **special notices** of media events, etc) **via SMS**.
- I (or a friend or relative) would like to **volunteer some time**, service or business sponsorship **to assist the society**.

What Can You Afford?

(payment is due on 1st July each year)

We think everyone affected by ME/CFS should be able to join our society – and not be prevented due to cost. So, please donate what you can afford, even if it's only \$5. It costs the society about \$80 per year, per member, to operate. We used to ask \$38 for an adult and \$25 for concession. If you can donate more to help subsidise those less well off, we would all really appreciate it.

For my membership,
I wish to **contribute**:

\$ _____

(*\$5 of your contribution will be your official membership fee (GST inc.), while additional contributions will be classified as donations. Donations of \$2 or more are tax deductible and receipts will be posted if required)

Payable to: **ME/CFS Australia (SA) Inc**
PO Box 28, Hindmarsh, SA 5007
(please don't send cash in the mail)

Internet Payments

Can be made at www.givenow.com.au/sacfs
Please include your name and contact details with the payment, and also post or email this membership form.

Which Best Describes You?

I suffer from:

ME/CFS FM MCS Other _____

or, I am a:

Carer Relative Friend
 Health Professional / Scientist Other _____

Membership

I hereby apply for / renew my membership of ME/CFS Australia (SA) and agree to uphold and abide by the constitution of ME/CFS Australia (SA). The constitution can be found on our website at: www.sacfs.asn.au/society/member/index.htm

Signed: _____

Date: / /

Payment / Donation Method

- Internet Payment to www.givenow.com.au/sacfs (see left column)
 Cheque / Money Order (payable to ME/CFS Australia (SA) Inc.)

Credit Card:

VISA MasterCard

Card number:

□□□□ □□□□ □□□□ □□□□

Name on card: _____

Signed: _____

Expiry Date: / /

OFFICE USE ONLY

Date received: / / Membership No. _____

Entered in database _____ Receipt No. _____

Membership pack sent _____ Volunteer name _____