



ABN 14 535 639 334

## Application for Membership

ME/CFS Australia (SA) Inc is committed to protecting the privacy of all the individuals it deals with. The Society is bound by the Privacy Act 1988 and undertakes to adhere to the National Privacy Principles. Your personal contact details are used for administrative purposes and to provide and promote the services of the Society to Members.

**Privacy Consent:** I understand that ME/CFS Australia (SA) Inc needs to collect, hold and use my personal and health information in order to provide me with its services. I hereby consent to the Society collecting, storing and using my information in accordance with the Privacy Act 1988 and its Privacy Policy.

**Email Permissions:** If an email address has been provided, I understand that I will \*automatically receive the Society's bi-annual journal (Talking Point), newsletters, updates, seminar notifications, etc by email, but may opt out at any time.

I hereby  **Apply for**  **Renew** my membership of ME/CFS Australia (SA) Inc and agree to uphold and abide by the constitution of ME/CFS Australia (SA) Inc. (The constitution is available at [www.sacfs.asn.au](http://www.sacfs.asn.au)).

Signed: ..... Date: .....

**Please fill out ALL the details below and post or email a copy of this signed form with payment receipt/cheque attached .**

Title:	First Name:	Last Name:		
Preferred Name:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
Organisation Name:			Position:	
Postal Address:				
Suburb/Town:		State:	Postcode:	Country:
Home Ph:	Work Ph:		Mobile:	
Email:				
I have been diagnosed with <input type="checkbox"/> ME/CFS <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> MCS <input type="checkbox"/> Other illness: .....				
OR <input type="checkbox"/> Carer <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Clinician/Allied Health <input type="checkbox"/> Scientist <input type="checkbox"/> Other: .....				
<input type="checkbox"/> I would prefer to have Talking Point posted to me (*automatic if no email address)			<input type="checkbox"/> Send me SMS Seminar reminders	

### WE NEED YOUR HELP

Due to the nature of this illness, the 'energy envelope' of our members and volunteers is very limited. Some even work from bed. "Many hands make light work", and there are a number of ways you can help make a difference.

I would like to **volunteer** to help. My skills are: .....

I would like to assist with **sponsorship**. Please contact me. Ph: .....

### MEMBERSHIP & DONATIONS

Each member costs the Society about \$80/ member a year.

Our aim is to help everyone affected by ME/CFS. We don't believe anyone should be prevented joining the society, due to cost

So if you can afford more, you can help by giving a donation, (even if it's only \$5) to help subsidise those in our community who need it.

**Donations over \$2 are tax deductible.**

- Regular \$5** \$
- Single membership
- Pensioner/student \$5** \$
- Concession rate single
- Family \$10** \$
- International \$5** \$
- Electronic copies of Talking Point only
- +**
- Donation Amount** \$ \_\_\_\_\_

**TOTAL \$**

\$

### PAYMENT INSTRUCTIONS

#### DIRECT DEPOSIT to Bank SA

Acct Name: **ME/CFS Australia (SA) Inc**

BSB: **105-900** Acct No: **954470240**

**Reference: Use your last name & initial**

Email a copy of this form and a copy of your payment receipt to [finance@sacfs.asn.au](mailto:finance@sacfs.asn.au)

Make **CHEQUES** out to:

**"ME/CFS Australia (SA) Inc"**

Post payment with this form to

PO Box 28, Hindmarsh, SA 5007