



ME/CFS Australia (SA) Inc

Phone: 1300 128 339
Email: sacfs@sacfs.asn.au
ABN: 14 535 639 334

Postal: PO Box 28, Hindmarsh SA 5007
Website: www.sacfs.asn.au
Registered Charity: 3104

Membership Form

Items marked * are required. All your information is kept confidential

Title:	*First Name:	*Surname
Organisation		
*Street/PO Box		
*Suburb:		
*State:	*Post Code:	Country
Phone:	Age	<input type="checkbox"/> 18-29 <input type="checkbox"/> 30-49
Email:	Range	<input type="checkbox"/> 50-64 <input type="checkbox"/> 65+

Which best describes you?

I suffer from: ME/CFS FM MCS Other _____

Or I am: Carer Relative Friend Health Prof/Scientist Other _____

Options

- Talking Point: I would like to receive Talking Point via email link. Leave blank to receive by post.
- Email Bulletins: I would like to receive ME/CFS news, updates & reminders etc. via email.
- SMS: I would like to receive Seminar reminders via SMS.
- Volunteering: I (or a friend/relative) would like to volunteer some time, service or a business sponsorship to assist the society.

Pay what you can afford.

Due 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, even if it is only \$5. It costs the society about \$80 per member per year, to operate. If you can donate more to help subsidise others, we would all appreciate it.

I wish to contribute: \$ _____ The 1st \$5 will be your official membership fee (GST included). Any additional contribution will be deemed a donation. Donations of \$2 or more are tax deductible.

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 on our website.

Signed _____ Date _____

Payment Method

<input type="checkbox"/> Internet payment via Give Now at: www.givenow.au/sacfs . Please include your name and contact details with this payment and also post or email us this membership form.
<input type="checkbox"/> Cheque / Money Order made payable to ME/CFS Australia (SA) Inc.
Credit card (via post or email)
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Expiry Date _____ / _____
Card number _____ / _____ / _____ / _____
Name on card _____ Signature _____