

New Membership Application

Mr/Mrs/Miss/Ms/Dr/Prof. Surname: _____

Given Name: _____ D.O.B. _____

Address: _____

Suburb: _____ State: _____ P/code: _____

Ph: (H) _____ Ph: (W) _____

Mobile: _____ Fax: _____

Occupation: _____ Languages: _____

Email: _____

Would you like to receive your newsletter by email? Yes No

I hereby apply to become a member of the above mentioned incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Signature **Date**

How did you hear about the Association? _____

Would you like to become a volunteer? If so, please let us know what your special skills are?: _____

Have you ever been diagnosed with:-

- Systemic Lupus Erythematosus Discoid lupus (SLE)
 Sjögren's syndrome Other _____

Family History: Family member/s with SLE or Sjögren's Syndrome:

- Mother Sister Other/s
 Father Brother

Please Note:

Annual Membership (1/7—30/6): incl. GST \$ **35.00**
 (Donations over \$2 are tax deductible)
 Tax Deductible Support Donation: \$ _____
 Tax Deductible Research Donation: \$ _____
 Library: \$ _____
 Total merchandise order (*from overleaf*): \$ _____
TOTAL AMOUNT ENCLOSED (AUD\$):..... \$ _____

Office Use Only.

Received: _____ Rec. No. _____ D/Base: _____
 Approv. _____ Merch. _____ WC:LTR _____



LUPUS ASSOCIATION OF NSW INC.

**PO Box 89
 NORTH RYDE NSW 1670**

Telephone: (02) 9878 6055
 Facsimile: (02) 9878 6049
 Freecall: 1800 802 088 (NSW Country & Interstate)
 Email: info@lupusnsw.org.au
 Website: www.lupusnsw.org.au

IMPORTANT INFORMATION FOR NEW APPLICANTS

Dear Friend

Thank you for your membership application. Your application will be presented at the next management meeting in accordance with our constitution. You will then hear from us again and receive your letter of acceptance and receipt, this could take up to 6—8 weeks depending on when the next management meeting is to be convened. Any merchandise purchased will be forwarded immediately with your receipt.

In the meantime, if there is anything we can do to help—with information or support please do not hesitate to get in touch with us.

Yours sincerely

Tida Wong See
 (Hon. Secretary)

NEW MEMBERSHIP FORM



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Protecting your Privacy—Commonwealth Privacy Amendment Act 2000
 The Lupus Association recognizes that your privacy is important and is committed to protecting your personal information. In accordance with the Act we will not disclose personal information to third parties without your consent. Your personal information is collected to enable us to maintain an up-to-date membership database and target our services in the best interests of members. You have the right to gain access to your personal information held by the Association and have it corrected if necessary.

