



MEMBERSHIP / DONATIONS FORM

Please complete the bottom of this form and post to:

ME/CFS Society of NSW Inc.

PO Box 5403

West Chatswood NSW 1515

AUSTRALIA

or fax to (02) 9904 8435 (credit card payments only)

The ME/Chronic Fatigue Syndrome Society of New South Wales is an Incorporated Association and subject to the Associations Incorporation Act, 1984 by virtue of which the members have limited liability.

Male or Female

Dr / Mr / Mrs / Miss / Ms -

Full Name: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Phone Number: _____

Email: _____

Date of Birth: ____ / ____ / ____

Do you have ME/CFS?

No,

I am: Family, Carer, Health Professional, Friend or Organization.

Yes,

Age of onset: _____

Enclosed is my payment (if at all possible, PLEASE DO NOT SEND CASH)

1. Annual Subscription (no receipt issued for membership alone)

Membership renewal or New Member

Within Australia:

Ordinary Membership - \$40, extra \$5 for family member residing at the same address.

(Name: _____)

Student/Pensioner - \$20

Health Professional - \$30

Corporation - \$100

Gold Volunteer Membership - \$5

Overseas (no concession)

Ordinary Membership - \$55

2. **Donations** of \$2 or more are tax deductible and gratefully received, but labour, administration and postage costs mean it is not economic to provide a receipt for amounts under \$15.

I would like a receipt in the name of:

Dr / Mr / Mrs / Miss / Ms _____

Donation: \$ _____

Would you like an acknowledgement in the Society journal? Yes , No

3. **GRAND TOTAL (1 + 2):** \$ _____

I would like to pay using Cheque, Money Order,
Credit cards: MasterCard, Visa Card, Bankcard.

Please make cheques and money orders payable to "ME/CFS Society of NSW Inc."

Cardholder Name: _____

Card number: _____ - _____ - _____ - _____

Expiry Date: _____ / _____

Signature: _____ *Date:* _____ / _____ / _____