LYMPHOEDEMA ASSOCIATION OF QUEENSLAND

INCORPORATED

ABN 13 602 257 202

MEMBERSHIP APPLICATION FORM

Title: Dr / Mr / Mrs / Ms / Miss / Sr

Surname:……..

First Name:……..

Address:……..

……PC……

Date of Birth:……..

Occupation: ……

HomePhone:……..

BusinessPhone:……

FaxNo:……

Mobile:……..

E-mail:……

Do you wish to receive Node News by Email? Yes No

We/I hereby apply for membership of the Lymphoedema Association of Queensland Inc

Full Membership:	New members (including joining fee)	$25.00	…….
	Annual renewal	$20.00	…….
Concession:	New members (including joining fee)	$20.00	…….
	Annual renewal	$15.00	…….
	Total Membership fees:		…….
(Donations over $2.00 are tax deductible)	Donation:		…….
	TOTAL AMOUNT PAYABLE:		

New subscriptions paid after 1st April will be current until 1st July of the following year.

Where membership application is for more than one person in a household, only one general or concession fee is payable. However, for record keeping purposes, individual names should be listed on the application form.

Involvement with lymphoedema is**:** Sufferer / Relative or friend / Health Professional / Other

Signed: …… Date: ……

PLEASE FORWARD THIS COMPLETED FORM
TOGETHER WITH CHEQUE / MONEY ORDER TO:

The Treasurer, Lymphoedema Association of Queensland Inc
PO Box 3068, BRACKEN RIDGE, Qld. 4017

Office Use only:

Received: ----------Receipt Number: ---------- Approved: ----------

Membership Number: ----------

Comments: ----------