

**LYMPHOEDEMA ASSOCIATION OF QUEENSLAND**

**INCORPORATED**

**ABN 13 602 257 202**



**MEMBERSHIP APPLICATION FORM**

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

Surname:..... BusinessPhone:.....

First Name:..... FaxNo:.....

Address:..... Mobile:.....

.....PC..... E-mail:.....

Date of Birth:.....

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

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

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

New subscriptions paid after 1<sup>st</sup> April will be current until 1<sup>st</sup> 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: -----