

NEW MEMBERSHIP FORM 2016



Membership year is from 1 January to 31 December

Friends of the ALA

Title: (Dr/Mr/Mrs/Ms) Given Name:

Surname:

Address:

Suburb..... State/Country..... Postcode.....

Telephone: (h) (.....) (w) (.....) (m)

Email:

For Support or Advocacy Groups – Group name

MEMBERSHIP TYPE	FEE
Friend of the ALA	30.00

All membership fees are inclusive of 10% GST.

All members must be over 18 years of age.

I would like to make a tax deductible donation to the ALA Gift Fund of

\$25 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$100 <input type="checkbox"/>	Other amount <input type="checkbox"/>	\$	TOTAL
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Signed Date

- Please tick: ☐ I wish to receive my newsletter electronically only
☐ I am willing to be contacted by lymphology researchers for participation/inclusion in research studies
☐ I consent to have my name, state and email listed on the Friends of the ALA Directory in the Members Area of the ALA website (for viewing by Friends members only) to facilitate member networking

- PAYMENT: ☐ Cheque or Money Order (in Australian Dollars) made payable to "ALA Ltd".
☐ EFT to ALA Ltd. BSB 034061 ACC 316135. Quote your name as payer plus paying entity if different eg group name.
☐ Credit card (circle type): Visa MasterCard

Name (as shown on card):	
Card Number:	Expiry Date:

Fax, post or scan and email this page to:

POST: ALA
PO Box 7345
BEAUMARIS VIC 3193
FAX: 03 9586 6099
EMAIL: admin@lymphoedema.org.au

A.C.N. 091 290 505
A.B.N. 27 091 290 505