



CFNSW Membership Application

Your details (one form per member please)			
Your name:			
Member number:		E-mail:	
Address:			
Suburb:		State:	Postcode:
T hm:	T wk:	M:	Fax:
1. About you Please tick one or more.	<input type="checkbox"/> I am the parent/carer of a person with CF <input type="checkbox"/> I am an adult with CF <input type="checkbox"/> I am a relative (<i>not a parent</i>) of a person with CF <input type="checkbox"/> I am a supporter of CFNSW (<i>not a parent/ relative</i>)		
2. Are you eligible for free membership?	<input type="checkbox"/> Yes, because I am an adult with CF. <input type="checkbox"/> Yes, because I am experiencing financial hardship.		
3. Do you have a family member with CF? This will assist us to accurately link people on our database.	Person with CF: Person with CF: Person with CF:		
4. Annual Raffle The Annual Raffle tickets are sold through the support of our members.	<input type="checkbox"/> No thanks, I do not wish to be sent Annual Raffle tickets.		
5. CF Connections Our quarterly newsletter free to members	<input type="checkbox"/> I would prefer to receive <i>CF Connections</i> by email.		
6. Are you interested in sharing your story?	<input type="checkbox"/> Yes, I would be interested in sharing my CF story with others to improve public awareness of what it's like to live with CF		
7. Payment details \$30 (incl GST) per person	Membership Fee \$30 Donation \$ _____ <i>Donations over \$2.00 are tax deductible</i> TOTAL \$ _____ <input type="checkbox"/> I have paid online at http://www.cysticfibrosis.org.au/viewproduct.php?id=51 <input type="checkbox"/> Cheque / money order made payable to <i>Cystic Fibrosis NSW</i> enclosed. <input type="checkbox"/> Please charge my MasterCard / Visa / Amex (<i>please circle one</i>). Card Number: _____/_____/_____/_____ Expiry Date: ___/___ Name on card: _____ Signature: _____		
Please sign	<input type="checkbox"/> I support the Objects of CFNSW and I verify my information is correct Signature: _____		
Please return to us Thanks for your support!	PO Box 149 North Ryde PBC NSW 1670 T: 02 9878 2075 F:02 9878 4890 admin@cysticfibrosisnsw.org.au		

