

<b>CFT MEMBER INFORMATION</b>		
Name:		
Date of birth:	CFT Membership No:	Phone:
Current address:		
City:	State:	Post Code:
Email address:	Mobile	Home Ph:
<b>APPLICANT DETAILS (if not completed by member)</b>		
Name:		
Current Address:		
City:	State:	Post Code:
Email address:	Mobile:	Home Ph:
Relationship to CFT Member:		
<b>FITNESS EQUIPMENT DETAILS</b>		
Item requested:		
Level of Financial Assistance Requested (Max \$500)		
Reason for request (Please outline details of the reason the assistance is being requested and <b>attach any relevant invoices, quotes or other supporting documentation</b> )		
<b>BANK ACCOUNT DETAILS</b>		
Name of account holder:		
Bank:	BSB Number:	Account Number:
<b>DECLARATION</b>		
I declare that all the information I have provided in this application is true and correct. I authorise Cystic Fibrosis Tasmania to contact any allied health professionals or other medical staff, if necessary, to verify the information provided in this application.		
Signature of Applicant:		Date:

**NOTES:**

- To be eligible for assistance a member must be a current, paid up member of CFT or join for a minimum of two years.
- Every effort will be made to process this application within seven days of receipt in the CFT office.
- Completed application forms to be sent to [general@cftas.org.au](mailto:general@cftas.org.au) or to CFT, GPO Box 245, HOBART TAS 7001.