



MEMBERSHIP APPLICATION / RENEWAL July 2023 - June 2024

Date: ___/___/___

Personal Details

Mr/Mrs/Ms/Other: _____ Name: _____

Postal Address: _____

_____ Postcode: _____

Phone: (Home) _____ (Mobile): _____

Email: 1. _____

2. _____

Family Details (Please indicate the person with bleeding disorder (BD))

Mother's Name: _____ BD: Father's Name: _____ BD:

Child's Name: _____ BD: Child's Name: _____ BD:

Child's Name: _____ BD: Child's Name: _____ BD:

YES, I would prefer to receive the HFACT newsletter by email.

PRIVACY

We respect your privacy. Your details will NOT be provided to other organisations or individuals without your permission. Details of your membership with HFACT will assist our planning for activities to meet your needs; however, you are not required to provide all details listed below. Haemophilia Foundation Australian Capital Territory (HFACT) was founded to provide support and education to individuals and families affected by haemophilia, von Willebrand disorder and other related bleeding disorders.

HFACT is a member organisation of Haemophilia Foundation Australia (HFA) which is the peak national advocacy body for the bleeding disorders community. HFACT membership automatically entitles you to have access to HFA services and programs, including receiving their quarterly journal, *National Haemophilia*.

Mark this box if you do NOT want *any* of your details recorded in the HFA database or to receive *National Haemophilia* automatically. Note, you will remain eligible to receive *National Haemophilia* by contacting HFA yourself.

Please tick appropriate boxes (optional):

I/my family are directly affected by a bleeding disorder (have a bleeding disorder or are related to someone with a bleeding disorder.) Type of bleeding disorder: _____

I am a donor / supporter.

I am a health professional. (Please provide details): _____

I / my family would be interested in attending a support group. (Please tick relevant group/s)

Men's Business Women's Wisdom Pre-teens fun days Teen / Young Adult

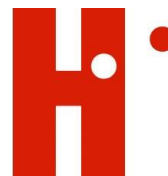
On occasions the HFACT Committee communicates information and requests directly to members. HFACT will use email for this form of communication unless you indicate that you do not wish to be contacted by email.

My preferred method of communication with HFACT is:

Email Phone Mail No communication (Newsletter only)

Please complete both pages





TAX INVOICE

| | |
|--|--------------------------------|
| ANNUAL MEMBERSHIP FEE (July 2023- June 2024): | \$20.00 (GST inclusive) |
| 3 YEAR MEMBERSHIP (2023 – June 2026): | \$55.00 (GST inclusive) |

Membership (\$20 per annum **OR** \$55 for 3 years) \$ _____

Donation \$ _____

Total \$ _____

All donations (\$2 and above) to Haemophilia Foundation ACT are tax deductible.

I will pay by **EFT / Credit Card / Cheque**. (circle preferred payment method)

Payment Details

Electronic payment is preferred.

– **EFT Payment***

BSB number: 032-778

Account number: 440919

Account name: Haemophilia Foundation ACT Incorporated

– **Credit Card Payment**

HFACT can now accept payment by credit card. HFACT will NOT store your credit card details. To pay by credit card please ensure you leave a phone number we can contact you to process your payment.

Contact Number: _____

– Please make **cheques** payable to *Haemophilia Foundation ACT Incorporated* and send to:

Haemophilia Foundation ACT, PO Box 331, Mawson ACT 2607

*When paying online please use your full name in the description field and forward your receipt / payment reference with your application form.

Forms may be emailed to: treasurer@hfact.org.au or mailed to the address above.

Please retain a copy of the form for tax purposes if desired. A tax receipt will be provided to you.

Please complete both pages

