



Membership Form 2023-2024

Personal Details

Mr/Mrs/Ms/Other: _____ Name: _____ (Required)

(Member details below only required if changed)

Mailing Address: _____

Postcode: _____

Ph: (H) _____ (Mobile) _____

Email: _____

Family Details (if completing this as a parent/carer indicate with * for person with bleeding disorder)

Mothers Name: _____ Fathers Name: _____

Child's Name: _____ DOB: _____ Diagnosis: _____

Child's Name: _____ DOB: _____ Diagnosis: _____

Treatment Centre attended: _____

PRIVACY

We respect your privacy. Your details will NOT be provided to other organisations or individuals without your permission. Your membership details will assist HFNSW in planning for activities to meet your needs; however, you are not required to provide all details including health information on this form if you do not wish to. Haemophilia Foundation New South Wales (HFNSW) was founded to provide support and education to individuals and families affected by haemophilia, von Willebrand disorder and other related bleeding disorders. HFNSW is a member organisation of Haemophilia Foundation Australia (HFA) which is the national peak advocacy body for the bleeding disorders community.

HFNSW membership automatically entitles you to have access to HFA services and programs, including receiving their quarterly newsletter National Haemophilia. Mark this box if you do NOT want your name and address recorded on the HFA database.

ANNUAL MEMBERSHIP \$20 PER APPLICATION (INCLUDES GST) SINGLE OR FAMILY MEMBERSHIP

Membership \$20.00 (Inc. GST) \$ _____

Donation* \$ _____ Donations over \$2 are tax deductible

TOTAL \$ _____

Payment details

Payment options:

- Cheques/money orders payable to: **Haemophilia Foundation NSW Inc.** Mail to: **HFNSW, PO Box 631, Broadway NSW 2007**

- EFT payment to: **Haemophilia Foundation NSW CBA** BSB: **062204** Account number: **00902590**

WHEN PAYING ONLINE PLEASE USE YOUR FULL NAME IN THE DESCRIPTION FIELD & FORWARD YOUR RECEIPT NUMBER WITH YOUR MEMBERSHIP RENEWAL

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