HFQ Annual Membership



Empowerment, Connection, Health Promotion, Education, Support

Member Benefits:

- Reciprocal membership with HFA
- Peer Support and Education
- Family & Youth Camps
- Social Functions member events
- Peer Support Programs Mens and Women's support lunches
- Information Forums
- Quarterly Newsletter
- Medic Alert / SOS Talisman Subsidy
- Emergency Funding

- No Interest Loan Scheme (NILS)
- Conference Subsidies
- Information Packs for Newly Diagnosed Families
- Fact Sheets
- Entitlement to vote at the AGM
- Access to Haemophilia Journal & HFQ's Resource Library

Over the past 12 months HFQ has continued to provide services to the bleeding disorders community in Queensland and we rely on your support in the form of membership to maintain these services. Limited funding from Queensland Health provides financial support which goes some way to allow us to deliver outcomes for community, however a number of activities requires us to raise money elsewhere and independently of Qld Health.

Our community and youth camps, regional support activities, youth & mentoring activities, health & wellbeing seminars, welfare support for those in need, and a range of targeted services in partnership with the Queensland Haemophilia Centres addressing community needs could not be achieved on Queensland Health money alone.

We rely on fundraising to ensure these services happen and I thank those who volunteer their time at events like Bunnings BBQ's and the like. A significant part of fundraising is membership subscriptions and this is one easy way you can help HFQ help those in need in the bleeding community.

HFQ membership represents good value for the range of services and discounts that members receive and you get reciprocal HFA services. To become a member or renew your membership, please complete the membership form on our website at: https://www.hfq.org.au/get-involved/memberships or you can fill out the membership form on the other side of this flyer. HFQ respects each member's privacy. Your details will NOT be shared (except with HFA) without your explicit permission.

HFQ looks forward to your continued support and thanks you for your subscription.



Membership Form

Privacy Policy: This information helps Haemophilia Foundation Queensland (HFQ) provide services and programs that meet your needs and areas of interest. HFQ complies with the provisions of the Privacy Act. In accordance with the National Privacy Principles, we have a detailed Privacy Policy which can be viewed at www.hfq.org.au



Joining HFQ also joins the mailing list of Haemophilia Foundation Australia (HFA). Apart from HFA we do not share or receive information regarding our members with any other foundation, group or organisation.

— Please tick here if you do NOT want to join HFA's mailing list.

Personal / Contact Details: Title: First Name:	Family Name:	
Postal Address:		
Street No. and Name:		
Suburb:	State:	
Phone (Home):	Phone (Work):	
Mobile:	Email:	
Membership Type: Individual Fan	nily	
☐ Annual Fee (\$20.00) ☐ One-off (life time) Membership Fee (\$200.00)		
Reason for Joining: My partner has an inherited bleeding disorder I have an inherited bleeding disorder I have extended family member with a bleeding disorder I have a child with an inherited bleeding disorder I'm just really supportive of HFQ		
Date of Birth or Age Group of member (Family memberships will be sent a separate form for relevant details) DOB: / Age Range (0-5yrs: 6-10yrs etc.):		
Connection with bleeding disorders: Von Willerbrands Disease (a deficiency of Von Willerbrands factor) Haemophilia A or classic haemophilia (also called FVIII or factor VIII deficiency) Severe 0%-1% factor level Moderate 1%-5% factor level Mild 5%-50% factor level Haemophilia B (originally called "Christmas Disease" - also called FVIIX or factor IX deficiency) Severe 0%-1% factor level Moderate 1%-5% factor level Mild 5%-50% factor level Haemophilia C (aka FXI or factor XI deficiency) Acquired Haemophilia Carrier of a bleeding disorder gene Carer of someone with a bleeding disorder Family member Other - Supportive of PLWBD		
Interests and other information: Men's Support Group Women's Children	Issues	
I Live in:		
☐ Central Qld ☐ SE Qld	☐ Nth Qld ☐ Outba	ack Qld
<u>DECLARATION</u> I accept the objects and rules of Haemophilia Foundation Queensland Inc. and apply for membership of the Foundation. I agree to my personal information being held by the Foundation and used in accordance with the Foundation's Privacy Policy.		
Signed:	Date:	
Payment can be made by Credit Card or	Direct Payment	
☐ Direct Payment to; Haemophilia Foundation Queensland Commonwealth Bank BSB: 064 000 A/C No: 00904788		
☐ Credit Card		
Credit Card #////		
Exp date/ CVV		