



HFV MEMBERSHIP FORM

Every membership helps strengthen the voice of the bleeding disorder community!

Please select one of the following:

- I am a NEW member.
- I am RENEWING my membership - renewals due 30th June each year where possible.

Date of application/renewal:

Contact details		
Organisation (if applicable):		
Name:		
Address (Postal)		
Suburb:		
State:		
Postcode:		
Email Address:		
Telephone:	H:	Mob:
Date of Birth:		
*Families are asked to please complete reverse side with details for other immediate family members		

Please tick	Membership Category & Prices <small>Prices are inclusive of GST. First year membership is free</small>		
<input type="checkbox"/>	Standard	\$33.00	Individual or families
<input type="checkbox"/>	Concession	\$16.50	Individual or family concession
<input type="checkbox"/>	Allied	\$16.50	Non immediate/extended family of person with BD,g grandparent
<input type="checkbox"/>	Youth/student	Free	U25 years or full-time student
<input type="checkbox"/>	Associate	Free	Health professional, organisations etc. No voting rights

My Payment	
My membership payment	\$
My donation (optional) <small>Donations of \$2.00 or more are tax deductible and payment receipt will be issued.</small>	\$
Total Payment Due	\$

Payment Options <small>Please Tick</small>	
<input type="checkbox"/> Credit Card:	Fill in card details below and post or email form to HFV or phone (03) 9555 7595
<input type="checkbox"/> EFT:	BSB 033 063, Account No. 116909. Your name and "subs" and/or "don" in description.
<input type="checkbox"/> Cheque:	Return your completed form with cheque or money order made payable to HFV

Credit Card details			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry	Date	Amount	Name on Card

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Connect Support Empower

ABOUT YOUR HFV MEMBERSHIP

HFV support our community to achieve the extraordinary and work in partnership with HFA to advocate to keep our community strong and achieve best possible health outcomes. HFV value your membership and support. Every membership strengthens the voice of the Bleeding Disorders Community while membership fees help HFV provide critical support and services to our community which otherwise may not be possible.

Member Entitlements:

As a member you are invited to join us at various HFV *peer support events throughout the year. All events are heavily subsidised by HFV with many provided free of charge. As part of your membership, you will automatically receive a print and email copy of the **quarterly HFV magazine, *The Missing Factor***. Each issue is filled with member stories, the latest health related information and updates on all events offered on the HFV calendar. Also, HFV's **ENews** – occasional emails with important information and event reminders.

Members can apply for **financial support** under the HFV Live Well or Emergency Funding Programs, usually with assistance from your treatment centre. Financial Subsidies are available for other assisted programs such as cost of Ambulance subscriptions and ID bracelet or similar.

You also receive automatic membership to the national body Haemophilia Foundation Australia (HFA) and may be eligible to apply for a subsidy to attend the biannual National Conference.

In accordance with HFV Privacy Policy personal information is treated with the utmost care and security and is only shared with the national body, HFA.

You have a right to opt out of receiving communications and the sharing of your contact details with HFA.

- I do NOT wish to receive the HFV newsletter in ANY format.
- I do NOT wish to receive emails from HFV.
- I do NOT wish my member contact details to be shared with Haemophilia Foundation Australia.

Family Membership – please provide name and date of birth of all immediate family members:

Name	Name
DOB	DOB
Name	Name
DOB	DOB

***Peer support events** offer important opportunities to meet, connect and offer/receive support from others in the bleeding disorder community. This includes not just the person with a bleeding disorder, but also, siblings, parents and carers etc. Please select which of the following HFV peer support groups/activities you/your family members may be interested in attending or receiving further information about.

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Camp/Picnic | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> Youth/Young Adults | <input type="checkbox"/> Young families | <input type="checkbox"/> Regional/outer metro |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> VWD | <input type="checkbox"/> Newly diagnosed |
| <input type="checkbox"/> Other Please specify | | |

Please email, fax or post your completed form to HFV office, details below