



HAEMOPHILIA FOUNDATION TASMANIA

APPLICATION FOR MEMBERSHIP

TAX INVOICE

ABN: 82 490 218 808

PRIVACY:

HFT respects members' privacy. Your details will NOT be forwarded to organisations, bodies or persons without permission. Please note, HFT membership automatically entitles you to free membership with Haemophilia Foundation Australia. Mark "NO" here if you do NOT want your details forwarded to HFA [.....]

I, _____ (Full Name of Applicant)

of _____ (Address)

_____ Postcode _____

_____ (Telephone Number)

wish to become a member of the Haemophilia Foundation of Tasmania Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Please tick appropriate area

- I have a bleeding disorder My date of birth is __/__/__
- My child has a bleeding disorder Child's Name _____
Child's Date of Birth __/__/__
- I am a relative of a person with a bleeding disorder Name of person with Bleeding Disorder _____
- I am an interested person

- Bleeding Disorder**
- Haemophilia von Willebrand's Disorder
 - Other (please specify) _____

Signed: _____ **Date:** _____

Membership fee waived (normally \$10)

Please return form to: **Treasurer, HFT, PO Box 184, Sandy Bay TAS 7006**