



# scleroderma nsw

Supporting the Scleroderma Community in NSW

The Scleroderma Association of NSW Inc.  
PO Box 229, Epping NSW 1710 | 02 9798 7351



## Membership/Renewal Application

Please help us keep our records up-to-date by completing this form and returning it with your fees to the PO Box listed above

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other

Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Organisation/Company \_\_\_\_\_

Residential/Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Details \_\_\_\_\_

## Membership Fees

Please find enclosed my membership fee (\$25) \$ \_\_\_\_\_

Donation for research into Scleroderma ☐ \$10 ☐ \$25 ☐ Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

Donation towards running costs ☐ \$5 ☐ \$10 ☐ \$20 ☐ Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Method of payment** TOTAL \$ \_\_\_\_\_

☐ Cheque (made payable to The Scleroderma Association of NSW Inc.)

☐ Money Order (made payable to Scleroderma Association of NSW Inc.)

☐ Direct Debit to: Scleroderma Association of NSW Inc.  
ANZ Bank BSB: 012-215 A/C: 2435-20617  
Date payment made \_\_\_\_\_

When paying by direct debit, please use your **SURNAME** as reference and return this application completed to enable cross checking & prompt processing.

**Donations of \$2 or more are Tax Deductible. Membership Fees are NOT tax deductible**

Do you wish to receive a copy of the Annual General Report?

☐ Printed

☐ Emailed

**PTO**

## DEMOGRAPHIC INFORMATION

(All information supplied remains confidential and will assist the organisation in gaining general information about membership demographics for funding purposes)

Date of Birth: ...../...../.....

Do you have Scleroderma? ☐ Yes ☐ No ☐ Date diagnosed:.....

If yes, what form of Scleroderma has been diagnosed?

- ☐ Diffuse Systemic ☐ Limited/CREST ☐ Morphea  
☐ Other..... ☐ Don't know

If you are not a sufferer of Scleroderma, what relationship do you have with people who have Scleroderma? (tick all which apply)

- ☐ Relative ☐ Friend ☐ Carer  
☐ Medical/Specialist Support ☐ Other.....

How did you find out about Scleroderma Association of NSW Inc.?

- ☐ Internet/Website ☐ Newspaper ☐ Television  
☐ Radio ☐ GP or Specialist ☐ Awareness week

Other.....

The support, administration, education and awareness campaigns and fundraising of Scleroderma Association of NSW Inc. are primarily organised on a voluntary basis by members.

**Please indicate if you are able to volunteer and support the organisation in any of the following:**

- ☐ Assist in the office ☐ Fundraising ☐ Publicity  
☐ Sponsorship ☐ Assist on stalls ☐ Newsletter  
☐ Other.....

What ways can the Association be of assistance to you?

- ☐ Support Groups ☐ Newsletter ☐ Other.....

What topics would be of interest to discuss at Support Group Meetings or be included in the quarterly newsletter?.....

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### OFFICE USE ONLY

Receipt No: Date receipt sent: Initial:

Entered on database: Date: Initial:

New Members

Information pack sent: Date: Initial: