



scleroderma nsw

Supporting the Scleroderma Community in NSW



The Scleroderma Association of NSW Inc.
PO Box 229, Epping NSW 1710 | 02 9798 7351
Email: sclerodermansw@tpg.com.au

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 or email listed above

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other

Surname _____ Other Names _____

Organisation/Company _____

Residential/Postal Address _____

State _____ Post Code _____

Telephone Home _____ Mobile _____

Email Address _____

Emergency Contact Details _____

Membership Fees

Please find enclosed my membership fee (\$30) for the year 20_____ \$ _____

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

Donation towards running costs ☐ \$10 ☐ \$25 ☐ Other \$ _____ \$ _____

TOTAL \$ _____

Method of payment

- ☐ 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 _____

Credit Card ☐ VISA ☐ MASTERCARD

Card Number: _____

Expiry Date: ____ / ____ CVC ____

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

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 not, 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? _____