Membership Application

information • support • education • products

MEMBERSHIP STATUS ☐ New Member ☐ Renewal

PERSONAL DETAILS (please print)

Title ________ First Name ______________________________ Surname ______________________________

Organisation (if applicable) ______________________________

Address ______________________________ P/code ________

Telephone: work ______________ home ______________ mobile ______________

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Male ☐ Female Country of birth ______________ Date of birth ______________

DIABETES TYPE Please tick one (if applicable)

☐ type 2 (diet, exercise and/or medication-controlled) ☐ type 2 (insulin requiring) ☐ type 1 ☐ Gestational ☐ Other (please specify)

Are you an NDSS registrant? ☐ Yes ☐ No NDSS no. ______________

Step 1: Please select from the following (Membership fees are exempt from GST)

MEMBERSHIP OPTIONS Please tick one (see overleaf for explanation of membership classes):

		1 year	2 years
Single	Concession	☐ $23	☐ $38
	Full	☐ $34	☐ $60
Family	Concession	☐ $34	☐ $57
	Full	☐ $50	☐ $89
Affiliate		☐ $62	☐ $113

Total no. of family members (including yourself) ________

(**NB** Membership prices are subject to change without notice.)

Membership

$

Step 2: Please fill in the following (if applicable)

CONCESSION CARDS

☐ Health Care card no. ______________ Expiry date _ _ / _ _

☐ Seniors card no. ______________ Expiry date _ _ / _ _

☐ DVA Gold (free) card no. ______________ Expiry date _ _ / _ _

☐ DVA card no. ______________ Expiry date _ _ / _ _

☐ Pension card no. ______________ Expiry date _ _ / _ _

Simply add your **membership** to your **donation** in the boxes provided to get your **Total Amount Due**

Step 3: Payment of account

PAYMENT

☐ Please find enclosed my cheque / money order for **$** ______________
made payable to **Diabetes SA.**

Donation

$

OR please debit my ☐ Visa ☐ MasterCard ☐ AMEX ☐ Diners Club

(**NB** At the time of processing, a surcharge of 4% will be added to your Total Amount Due when using AMEX or Diners)

Credit card no. _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ **Expiry date** _ _ / _ _ **CCV** _ _ _ _

Card holder's name ______________________________ **Signature** ______________________________

We ask you to sign this form to enable us to process your application and as your consent for Diabetes SA to store and use the information in accordance with our privacy policy.

Signature ______________________________ **Date** ______________

TOTAL AMOUNT DUE

$

☐ Please send me a Diabetes SA direct debit form (this will allow your annual membership fee to be automatically deducted from a nominated bank account or credit card).

How did you hear about us? ☐ GP ☐ Friend or family ☐ Website ☐ TV ☐ Radio

Please send me information on: ☐ Fundraising activities ☐ Volunteering ☐ Including Diabetes SA in your will ☐ Selling lottery books ☐ Making a regular donation

OFFICE USE ONLY

Membership no. ______________________________ Process date ______________

Processed by ______________________________ Receipt no. ______________ Checked by ______________