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| Congenital Adrenal Hyperplasia Support Group Australia Inc.  **Membership**  1 July 2016 – 30 June 2017  Membership is renewed annually. This form must be resigned each year as a legal requirement. | | | |  |
| **MEMBERSHIP DETAILS** | | | | |
| Name/s |  | | | |
| Address |  | | | |
|  |  | | | |
| Home Phone |  | Mobile Phone | | |
| Email |  | | | |
| CAH Patient Name |  | | Age       Male  Female | | |
| CAH Patient Name |  | | Age       Male  Female | |
| CAH Patient Name |  | | Age       Male  Female | |
| Type of CAH |  | | | |

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| **APPLICATION FOR MEMBERSHIP OF CAHSGA Inc.** | | | | |
| The following is a legal requirement as we are an incorporated body. | | | | |
| I (full name) |  | | | |
| Occupation |  | | | |
| of (Address) |  | | | |
| |  | | --- | | ...desire to become a member of the C.A.H. Support Group Australia Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association. I understand that membership is approved by the committee on the basis of a personal, professional or community interest in Congenital Adrenal Hyperplasia.  My interest in CAH is as follows: | |  |   I wish to receive the CAHSGA Newsletter via email  ($25) or via Australia Post  ($30)  *Please note membership is discounted to $25 if email option is chosen.*  I agree to be contacted by other members via the committee from a ***private and confidential*** address list for networking and support Yes  No | | | | |
| **Signature of Applicant** | | **🗶** | **Date** |  |

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| **REGISTRATION & PAYMENT OPTIONS** |
| Please email receipt  Please post receipt  I do not require a receipt  **Complete this form and post to ⇨** CAHSGA Inc., PO Box 100, Mitcham VIC 3132  We have **three** payment options: (*Please choose one).* |
| **1. Post cheque for:**  $30 AUD or  $25 if receiving newsletter via email  To: CAHSGA Inc.  PO BOX 100  Mitcham VIC 3132  **OR...**  **2. Direct Deposit**  $30 AUD or  $25 if receiving newsletter via email  Banking Details  CAH Support Group Australia Inc.  BSB 063 852  Account Number 10127624  Bank Commonwealth Bank  Reference Surname & first initial  **Please send follow-up email to the treasurer advising payment details: treasurer@cah.org.au**  **OR...**  **3. Pay online via PayPal** [**www.paypal.com.au**](http://www.paypal.com.au) **Paypal email** [**paypal@cah.org.au**](mailto:paypal@cah.org.au)  $30 AUD or  $25 if receiving newsletter via email  **Email : treasurer@cah.org.au** | |  |

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| * **All information remains confidential and will not be divulged to outside sources.** * **Donations over $2 are tax deductible.** * **Have you signed your form?** * **Thank you for your support!** |  |