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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) |       |
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| ...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 3132We have **three** payment options: (*Please choose one).* |
| **1. Post cheque for:**  [ ]  $30 AUD or [ ]  $25 if receiving newsletter via emailTo: 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** [ ]  $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!**
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