



ME/CFS Australia (Victoria)

Office Address: 15 Scott Street, Dandenong VIC 3175
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ABN: 22 385 438 041

ARBN: 136 448 050

IAN: A0016974N

DGR: 900279668

CONDITIONAL TAX INVOICE

Membership Renewal 2010-2011

ME/CFS Victoria is a not-for-profit charitable organisation dedicated to providing information, support and advocacy for the ME/CFS community in Victoria, Tasmania and the Northern Territory.

We would like to thank you for your continuing support of our organisation and remind you that as a member you are entitled to:

- Receive four issues of our informative quarterly journal 'Emerge';
- Participate in our small-group teleconferencing sessions;
- Participate in our self-help groups at a reduced cost;
- Access information on ME/CFS support groups;
- Borrow books, CDs and DVDs from our ME/CFS resource library;
- Receive personal support and advocacy from ME/CFS Victoria staff; and
- Participate in events and seminars organised by ME/CFS Victoria.

Membership fees allow us to continue providing our services; raise awareness of ME/CFS through community education; keep our website up to date with the latest information and research on ME/CFS; and participate in political lobbying. If you do not wish to renew your membership, your donation would be greatly appreciated to help us continue to provide our important services.

1. Your Name

Title: _____ Given names: _____ Surname: _____

2. Contact Information

If any of your contact information has changed since receiving the latest edition of 'Emerge', please record changes here:

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (H) _____ (M) _____ (B) _____

Email: _____

3. Feedback

Please provide any feedback regarding your membership of ME/CFS Australia (Victoria) in 2009/2010:

Office Use Only			
Authorisation No:	Receipt No:	Membership No:	Date Updated/Receipt Sent:
Notes:			

4. Membership Type

Full membership (\$40.00) **OR** Concession membership* (\$20.00) \$

*Please indicate type of concession:

Student Disability Pensioner Other Pensioner

Other : _____

PLUS your copy of our ME/CFS Support Services Booklet (\$5) \$

PLUS your copy of the Canadian Diagnostic Guidelines (Overview) (\$2) \$

PLUS your unconditional donation/gift* (optional) \$

*Your donation may be acknowledged in our publications.

If you wish to remain anonymous, please tick here:

All donations \$2 and over are tax deductible and unconditional donations are GST free.

Total payment enclosed: \$

Please tick here if you require a receipt:

5. Recurring Membership Renewal - OPTIONAL

Please automatically renew my membership each year. I understand that by marking this box that the amount specified below will be deducted from my credit card **on or shortly after the 30th June each year** until I request otherwise. I understand that I will receive a reminder email prior to the 30th of June each year allowing me the opportunity to prevent the transaction occurring.

YES, I would like to set up a recurring renewal: Amount of recurring renewal: \$

Signature: _____ Date: _____

6. Payment Information

Cheque or Money Order	Please enclose a cheque a money order made out to ME/CFS Australia (Victoria) then post this form back to the office: ME/CFS Australia (Victoria) PO Box 7100 DANDENONG VIC 3175
Direct Deposit	Please transfer your total payment, <u>using your surname and postcode as a reference</u> to: Account name: M E Chronic Fatigue Syndrome Society of Vic Incorporated BSB: 063-204 Account number: 1001 9890 Please record date of transaction: <input style="width: 100px;" type="text"/> Please <u>notify the office by phone</u> or <u>return this form</u> to PO Box 7100 DANDENONG VIC 3175 if making a direct deposit.
Credit Card	Please charge my: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Card number: <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> Card expiry date: <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> Cardholder's name: _____ Please debit my card this amount: \$ <input style="width: 100px;" type="text"/> Payments made by credit card can be faxed to the office on (03) 9793 1866 ; or phoned through to the office on (03) 9791 3100 .

Signature: _____ Date: _____