



## ME/CFS Australia (Vic, Tas, NT)

Office: Suite 5, 106 Foster Street, Dandenong VIC 3175

Postal: PO Box 7100, Dandenong VIC 3175

Office: (03) 9791 3100

Email: admin@mecfs-vic.org.au

Support: (03) 9791 2199

Website: www.mecfs-vic.org.au

ABN: 22 385 438 041

ARBN: 136 448 050

IAN: A0016974N

DGR: 900279668

CONDITIONAL TAX INVOICE

## Membership Renewal

ME/CFS Australia (Vic, Tas, NT) 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 quarterly journal 'Emerge'; includes latest research/management tips and an opportunity to connect with others
- Participate in our small-group teleconferencing sessions;
- Participate in our self-help groups at a reduced cost;
- Access information on ME/CFS and Fibromyalgia support groups;
- Borrow books, CDs and DVDs from our ME/CFS resource library;
- Receive personal support and advocacy from ME/CFS Australia (Vic, Tas, NT) professionals; and
- Participate in events and seminars organised by ME/CFS Australia (Vic, Tas, NT) at a reduced cost.
- Linked to our member e-chat group and access to our Youth/Teenager LIVE online weekly chat sessions.

**Membership fees allow us to continue providing our services, raise awareness of ME/CFS through community and medical education, and participate in political lobbying to increase funding and services for people with ME/CFS.** If you do not wish to join as a member donations 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 (Vic, Tas, NT):

---



---



---



---



---



---

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 (Credit Card) – 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 due date** (ie, a year from my renewal date) until I request otherwise. I understand that I will receive a reminder email or phone call prior to the payment being deducted 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**

<b>Cheque or Money Order</b>	Please enclose a cheque a money order made out to ME/CFS Australia (Vic, Tas, NT) and return to the office: <b>ME/CFS Australia (Vic, Tas, NT)</b> <b>PO Box 7100</b> <b>DANDENONG VIC 3175</b>
<b>Direct Deposit</b>	Please transfer your total payment, <u>using your surname and postcode as a reference to:</u> Account name: <b>M E Chronic Fatigue Syndrome Society of Vic Incorporated</b> BSB: <b>063-204</b> Account number: <b>1001 9890</b> 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 <b>PO Box 7100 DANDENONG VIC 3175</b> if making a direct deposit.
<b>Credit Card</b>	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 phoned through to the office on <b>(03) 9791 3100</b> .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_