ME/CFS South Australia Inc

Supporting South Australians with ME/CFS since 1987

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mecfssa

About Membership with ME/CFS South Australia:

Privacy: ME/CFS South Australia is committed to protecting the privacy of all the individuals with whom it deals. It is bound by the Privacy Act 1988 and undertakes to adhere to the Australian Privacy Policy Principles. By signing this form, you are consenting to ME/CFS South Australia collecting, storing and using your information in accordance with its Privacy Policy. You are also agreeing to uphold and abide by its Constitution. (Our Constitution and Privacy Policy are available at http://mecfssa.org.au)

Cost: Our aim is to help everyone affected by ME/CFS. Therefore, the annual fee is only $5 even though it costs around $50 per member to deliver our services. If you can afford to, we encourage you to donate to help subsidise those in our community who are unable to do so.

Donations over $2 are tax deductible.

.....*(Please do not detach this section)*

Membership Form

The membership year is from 1st July to 30th June and the membership fee is $5.

Please fill out ALL the details below and either email (memberships@mecfssa.org.au) or post (Membership, ME/CFS South Australia Inc, PO Box 322, Modbury North 5092) this signed form with payment or payment receipt attached (see below for payment options).

Title: ..... Given Name: ..... Surname: .....

Postal Address: .....

Suburb: ..... State: ..... Postcode: .....

Phone Number (Mobile): ..... Phone Number (Landline): .....

Preferred Phone Number: ☐ Mobile ☐ Landline

Email: .....

Please indicate your age range: ☐ Under 30 ☐ 30-49 ☐ 50-64 ☐ 65 and over

I am living with: ☐ ME/CFS ☐ Multiple Chemical Sensitivity ☐ Fibromyalgia
☐ Long Covid ☐ Dysautonomia/POTS ☐ Prefer not to say

I am: ☐ caring for someone with ME/CFS ☐ a health professional
☐ a relative/friend of someone with ME/CFS ☐ other

Talking Point magazine delivery options: ☐ Email ☐ Post ☐ Both ☐ None

Newsletter delivery options: ☐ Email ☐ Post ☐ Both ☐ None

SMS reminders for seminars and events: ☐ Yes ☐ No

Are you interested in volunteering? ☐ Yes ☐ No

Volunteer interests/skills: ……

……

Additional comments: ……

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I hereby ☐ **Apply** for ☐ **Renew** my membership of ME/CFS South Australia Inc.
I consent to ME/CFS South Australia collecting, storing and using my information in accordance with its Privacy Policy. I agree to uphold and abide by its Constitution.

Signed …… Date ……. /……. /…….

How To Pay

☐ **Credit Card:** at https://mecfs-sa1987.square.site **or**
Card Number _____ _____ _____ _____ Expiry _____ CVN _____

☐ **Direct Deposit: Acct Name**: ME/CFS South Australia Inc **BSB:** 035-046 **Acct No**: 616 206
Reference: Use your **last name & initial**.
Please send a copy of your payment receipt with this form.

☐ **Cheque/Money Order:** make payable to ME/CFS South Australia Inc

☐ **Cash**

Membership Fee	**$**
Donation	**$**
Total Payment	**$**

Administration only:
Payment Confirmed ……../……../……..
Receipt No.
Data entered ……../……../…….