



**Myalgic Encephalomyelitis
Chronic Fatigue Syndrome
SOCIETY OF WA**

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Society of WA (Inc)
The Centre for Neurological Support, The Niche, 11 Aberdare Road, Nedlands, WA 6009
T: 08 9346 7477 F: 08 9346 7534 info@mecfswa.org.au www.mecfswa.org.au
ABN 61 012 534 794 Charitable Collections License 20372

Membership Application and Renewal Form

To Join ME/CFS Society WA please provide the information requested below and return this form with your payment to the address above.

Please help our office volunteers by printing clearly and legibly. Information marked with an* must be provided, all other information is optional. All information given will be treated as confidential.

* New Membership Existing Membership

* Title: Mr Mrs Ms Miss Dr Other _____

* First Name: _____ * Surname _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____ Date of Birth: / /

* Address: _____

* Suburb: _____ * State: _____ * Postcode: _____

I hereby apply for membership of ME/CFS Society WA and agree to uphold and abide by the Society's Constitution and Bylaws.

Please tick the type of membership required:

- Full \$35 Concession \$20
- Overseas/Interstate/Regional \$20
- Under 18 FREE

I wish to include a donation towards the running costs of the Society of \$ _____
(all donations over \$2 are tax deductible)

Total payment enclosed \$

Which best describes you (please tick):

- I suffer from
- ME/CFS FM MCS Other

- or I am a
- Friend Relative Carer

Signature: _____ Date: / /

If you are under 16 years of age please ask your parent or guardian to print their name and sign below.

Name: _____

Signature: _____

Please select your method of payment

- Cheque/postal order (Payable to ME/CFS Society WA)
- facilities available online

-
-
-

Card Number

Cardholder's name: _____

Signature: _____ Expiry Date: / /

OFFICE USE ONLY:

Date received: / / Membership pack sent: _____

Entered in database: _____ Receipt Number: _____