



INDIVIDUAL MEMBERSHIP APPLICATION

I, (Mr / Mrs / Miss / Ms / Dr) **First Name:** _____ **Surname:** _____

Your preferred name: _____

Postal Address: _____

Suburb: _____ Post Code: _____

E-mail address: _____ Mobile number: _____

Phone number: _____ Fax number: _____

hereby apply to become a member of the Chronic Pain Association of Australia. If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

Payment of Membership Fees

Family \$25 Receipt Required New Member Membership Renewal

I would also like to make a tax deductible* donation of \$ _____

Payment Options

Cheque or Money Order (Payable to Chronic Pain Australia) **PLEASE attach payment to this form**

Direct Deposit / Electronic Fund Transfer (date deposit was made ____/____/____)

BSB 633 000 A/C 1299 19007 Chronic Pain Association of Australia

COMING SOON – Credit Card Payment Option (SORRY, not available just yet...)

Please complete this form and return to P.O.Box 250, Thornleigh, NSW, 2120.

Additional Information

- I live with chronic pain
 I care for a person with chronic pain
 I am a family member of a person who lives with pain

Privacy: Chronic Pain Australia (Chronic Pain Association of Australia) collects and uses your personal information to provide you with information about chronic pain and chronic pain management. We also use your personal information to compile statistics which assist us to understand chronic pain and it's incidence and impact better. The information used for statistics is de-identified.

Consent: I agree that my personal information can be used by Chronic Pain Australia (Chronic Pain Association of Australia) for the above purpose.

Signature: _____ Dated this _____ day of _____ 20 _____

***Donations of \$2.00 and over to the Chronic Pain Association of Australia are tax deductible.**