

MEMBERSHIP FORM

If you prefer to join on-line please go to our website www.pituitary.asn.au where you can apply and pay fees through a secure payment gateway.

Please note: Applicant's must be over the age of 18 years. Your Privacy is important to us so please be assured that any information provided by you will NOT be divulged to third parties in any way without your express, written permission. In order to offer you the best possible services to suit your individual needs and for the purpose of statistical analysis that will aid us in any advocacy that we may conduct, we ask you to complete this form in as much detail as you can and thank you kindly for your support of the APF via your membership.

APPLICANTS NAME: Mr/Mrs/Ms _____ STATE: _____ P/CODE _____

POSTAL ADDRESS _____ SUBURB / CITY _____

HOME PH _____ W _____ MOBILE _____

EMAIL _____ ALT EMAIL _____

PATIENT'S NAME _____ DOB/...../..... M / F

Service Preferences

How would you like to receive your APF newsletter? Email (preferred address used)
 Mail (please help us to minimise our costs by selecting email if you have internet access)
 Both email and mail

Which state's capital city is closest to you for the purpose of attending functions / events? TAS VIC NSW QLD SA NT WA ACT

How did you hear about the APF? _____

How can you assist the APF?

- I have professional skills I am willing to share /offer
 I can assist with administrative tasks
 I can host a social event in my state
 I can help with fundraising
 I can be contacted by the APF if a media opportunity arises
 I would like to help raise awareness of the APF and pituitary disease
 Other _____

By agreeing to be a member of APF, I consent to my personal information being collected and stored in accordance with APF Privacy Policy and that I may request to amend or remove my details at any time.

Signature _____ Date _____

Please forward this application form with payment to: The Treasurer, Australian Pituitary Foundation Ltd., PO Box 3020, Cotham Vic. 3101. If you have selected to pay by credit card, you may scan and email to support@pituitary.asn.au marking in the subject area – Annual Membership.

For further information please contact support@pituitary.asn.au or Phone 1300 331 807.