



ACT ME/CFS Society Inc
 (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome)
 (ABN 56 424 583 916)

MEMBERSHIP APPLICATION

Here is your opportunity to join the ACT ME/CFS Society Inc and to answer a few brief questions if you wish.

Membership/subscription rate is \$30 per year (\$20 for students, seniors and Centrelink recipients). Extra support in the form of a tax-deductible donation would be much appreciated.

Please make cheques/postal notes payable to the ACT ME/CFS Society.

NAME: Mr/Mrs/Ms/Miss/Dr	
ADDRESS	
.....Postcode.....	
TELEPHONE: Home	Work
EMAIL: BIRTHDAY/BIRTHDATE.....	

Occupation (or previous occupation)

Are you working full-time/part-time/not at all?

If not at all or part-time, is this due to ME/CFS? YES/NO

Do you have a doctor/specialist you could recommend to other ME/CFS sufferers YES/NO

If yes, please provide name and address of doctor

.....telephone.....

Would you be interested in attending an ME/CFS and FMS Self Help Course? YES/NO

Would you like to attend Support Group meetings/activities? YES/NO

Would you like to know more about being a volunteer in our Telephone Information Service?
 (Training is provided free of charge) YES/NO

Would you/family/friend be interested in helping the Committee with Society activities?

(The society needs both ongoing help and volunteers for once off projects) YES/NO

Please indicate an area of interest

- | | | | | | |
|--------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|
| Committee | <input type="checkbox"/> | Graphic Design | <input type="checkbox"/> | May Awareness | <input type="checkbox"/> |
| Mail Outs | <input type="checkbox"/> | Membership | <input type="checkbox"/> | Other (please state) | |
| Fund Raising | <input type="checkbox"/> | Administration | <input type="checkbox"/> | | |

(Name).....would like to volunteer.....hours per month/week

Contact details:.....

I enclose my subscription for \$.....

I enclose my donation for \$.....

TOTAL ENCLOSED \$.....

Credit Card: Card Type:..... Name on Card:.....

Number:.....Expiry Date:.....

SIGNATURE..... DATE