



ACT ME/Chronic Fatigue Syndrome Society Inc

Support for people with Chronic Fatigue Syndrome & fibromyalgia
ABN 56 424 583 916



MEMBERSHIP OR RENEWAL APPLICATION

NAME:

ADDRESS: POSTCODE:

TELEPHONE: Home: Work: Mobile:

EMAIL:

SIGNATURE: DATE:

Please indicate which membership you would like by ticking the appropriate box below:

- | | |
|---|--------------------------------------|
| <p>1. Free Memberships - We'd like to invite anyone with a connection to ME/CFS to be a member for free. You receive:</p> <ul style="list-style-type: none"> • Emails from the Society including links to online resources; • Invitations to community education talks with the Society and Arthritis ACT. Anyone can attend these free talks. | <p>Tick</p> <input type="checkbox"/> |
| <p>2. Paid Memberships - \$35 a year (\$25 concession) – Free membership plus:</p> <ul style="list-style-type: none"> • A printed copy of Emerge Journal; • Access to the Society's free Counselling Service; • Access to Family/Carer/Young people's program (only one member of the family; needs to be a financial member). This program is about to commence; • Access to friendship activities including craft sessions, movie sessions etc.(starting from March 2019); • Reduced fees for the Society's Self Help Courses; • Access to all services at Arthritis ACT at the financial membership rate. | <input type="checkbox"/> |

For Paid Memberships please use one of the following options:

- | | |
|--|--|
| <ul style="list-style-type: none"> • EFT/direct bank account deposit To: ACT ME CFS SOCIETY INC
<i>Please use your surname as reference.</i>
BSB: 062913 ACCOUNT: 00902489 • Credit card Credit card payments can be made over the phone by calling (02) 6289 1984 or in person at the ACT ME CFS Society office. • Cash Cash payments can be made in person at the ACT ME CFS Society office • Cheque Payable to Arthritis ACT | <p>Tick</p> <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|--|--|

My subscription is: \$.....

My donation is: \$.....

TOTAL \$.....

Please email or post your completed form to ACT ME/CFS Society.