

Membership Subscription Renewal Form

Your annual membership subscription to D.A.T.A. becomes due on 1 July each year.

To renew your membership please complete the form below and post it to:

The Treasurer DATA Inc P.O. Box 159, Forest Hill 3131

- Please renew my membership to D.A.T.A for 12 months commencing on 1 July 2016 **\$15.00**
 I wish to cease my membership

Mr/Mrs/Ms First Name _____ Last Name _____

Carer's Name (if applicable) _____

Address _____ Suburb/Town _____ Post Code _____

Telephone (Home) _____ Business _____ Mobile _____

Email _____ Occupation (optional) _____

Age group (optional) Under 18 18-24 25-34 35-44 45-54 55-64 65+

Parent Hospital _____

I am Haemodialysis CAPD Professional Transplant Patient Other (please provide details) _____

I am submitting payment for:

<input type="checkbox"/> Membership for 1 year	\$ 15.00
<input type="checkbox"/> Special Effort Raffle	\$.....
<input type="checkbox"/> Voluntary donation to DATA (All Donations over \$2 are tax deductible)	\$.....
Total	\$.....

I enclose my Cheque/Money Order (circle one) made payable to D.A.T.A. Inc.
No cash through the Post, thank you.

I wish to pay by Credit Card: VISA MASTERCARD

Card number:

Expiry date: Card Verification Code:

Amount: _____ Date: _____

Cardholders Name: _____

Signature: _____

I require a receipt (*No receipt will be sent if box not ticked*)

PRIVACY POLICY: All information supplied will not be used, sold or given to any other organisation or third party for any reason what so ever. IT IS FOR D.A.T.A. RECORDS ONLY.

Office Use Only Date Rec: __/__/__ Receipt No: _____ Date Banked/C. Card __/__/__ Date M'ship updated __/__/__
