

**APPLICATION TO JOIN**  
**DIALYSIS AND TRANSPLANT ASSOCIATION OF VICTORIA INC.** (A12114V)  
ABN: 40 628 284 998

Subscriptions **\$15.00** per annum.

Please complete the form below and post to **The Treasurer DATA Inc P.O. Box 159, Forest Hill 3131.**

Mr/Mrs/Ms      First Name \_\_\_\_\_ Surname \_\_\_\_\_

Carer's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Suburb or 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+

Hospital \_\_\_\_\_

Type of Treatment [Please tick one box]

End Stage Renal Failure (ESRF)     Haemodialysis     Peritoneal Dialysis     Transplant Patient

Other (Please provide details) \_\_\_\_\_

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I am submitting payment for: <input type="checkbox"/> Membership for 1 year	\$ 15.00
<input type="checkbox"/> Voluntary donation to DATA (All Donations over \$2 are tax deductible)	\$.....
<b>Total</b>	<b>\$.....</b>

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.

<p><b>Office Use Only</b></p> <p>Date Rec: ___/___/___    Receipt No: _____    Date Banked/C. Card ___/___/___    Date M'ship updated ___/___/___</p>
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