

# Subscription Renewal Form

(due on July 1<sup>st</sup> for 2019/20 membership)



**Dialysis and Transplant  
Association of Victoria Inc.**

**Annual Subscription \$15.** To renew your membership please complete this form and update any incorrect or missing details. **Return the completed form by post or email.**

## MEMBER NUMBER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

**CARER'S NAME:** (if applicable): \_\_\_\_\_

Age (optional): Under 18  18-24  25-34  35-44  45-54  55-64  65-74  75+

## Renal Details:

Parent Hospital: \_\_\_\_\_ Dialysis Unit: \_\_\_\_\_

Renal treatment / condition:

Haemodialysis  PD  Transplant  Donor  Renal Disease   
Family of renal patient  Carer  Past Carer  Supporter  Medical Staff

None of the above  (please provide details): \_\_\_\_\_

I prefer to receive Shoestring by (please select one):

I am willing to sell raffle tickets for DATA:

I would like to receive notification and reminders of upcoming events by email:

email	<input type="checkbox"/>	post	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## PATMENT DETAILS:

Membership for 1 year \$ 15.00

Special Effort Raffle \$ .....

Voluntary donation to DATA \$ .....

(All Donations over \$2 are tax deductible)

TOTAL \$ .....

## PAYMENT OPTIONS

- 1) Personal Cheque made out to DATA to accompany this form.
- 2) Money order made out to DATA to accompany this form.
- 3) Credit Card (Subscription form must still be returned).
- 4) Bank Transfer (Subscription form must still be returned).

**BSB Number:** 013 304

**Account Number:** 527671791

**Description:** Your member number + surname

**Credit Card Payment Details:** 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*)

I wish to cease my membership

## Office Use Only

Date Rec: \_\_/\_\_/\_\_ Receipt No: \_\_\_\_\_ Date Banked/C. Card \_\_/\_\_/\_\_ Date M'ship updated \_\_/\_\_/\_\_

**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.