



# Application To Join

Subscriptions **\$15.00** per annum.

Please complete the form below and post to **The Treasurer DATA Inc P.O. Box 159, Forest Hill 3131.**  
or send by email to [info@datavic.org](mailto:info@datavic.org)

Mr/Mrs/Ms (circle one) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Address \_\_\_\_\_

Suburb or Town \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

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

Type of Treatment [Please tick one box]

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

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

Treating Hospital \_\_\_\_\_ Dialysis Unit (if applicable) \_\_\_\_\_

I prefer to receive DATA's newsletter by (please select one): email  post

I am willing to sell raffle tickets for DATA: Yes  No

I would like to receive notification and reminders of upcoming events by email. Yes  No

I am submitting payment for:  Membership for 1 year \$ 15.00

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 \_\_/\_\_/\_\_