



HAEMOPHILIA FOUNDATION VICTORIA

MEMBERSHIP SUBSCRIPTION RENEWAL 2010/2011

TAX INVOICE :	30062010
HFV ABN:	67 922 470 900
DATE DUE:	30th June 2010

Name.....Ph.....

Address.....

.....Postcode.....

Email.....

Tick one membership box (includes GST)		
Standard family membership	<input type="checkbox"/>	\$33.00
Concession member	<input type="checkbox"/>	\$16.50
Concession type: _____		
Card Number _____		
Allied member	<input type="checkbox"/>	\$16.50
Organisational member	<input type="checkbox"/>	\$55.00
See overleaf for details of membership categories and membership information		
Donation	_____	
Total payment	_____	

I wish to pay my subscription by:

OPTION 1: Cheque/money order (make payable to *Haemophilia Foundation Victoria*)

OPTION 2: Please debit my credit card as follows:

Master Card Visa

Card Number: _____ Expiry Date: ____/____/20____

Name on Card: _____ Signature: _____

OPTION 3: EFT payment

BSB: 033 063 Account Number: 11 6909

Account Name: Haemophilia Foundation Victoria Inc

***When paying online please use your full name in the description field**

- Please send me a receipt for my subscription payment for tax purposes.
(Receipts are automatically issued for all donations over \$2)
- Please remove my name from your records.

Membership Categories

Standard Member \$33.00:

This membership covers all family members up to the age of 18 years living at the same address.
Provides full benefits.

Concession Member \$16.50:

Provides full family membership and benefits as above for those with a pension concession card. A copy of the concession card should accompany application/ renewal.

Allied Member \$16.50:

An add-on to a standard family membership aimed at extended family members.
Entitled to full member benefits.

Organisational Member \$55.00:

(Haemophilia Foundations and service organisations free)
Entitled to a copy of the quarterly newsletter.

Healthcare Professional \$33.00:

(Haemophilia professionals free)
Entitled to newsletter.

*Please complete DOB details for your children to enable us to update our files. Thank you.

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Please note, HFV membership automatically entitles you to free membership with Haemophilia Foundation Australia.

Please return to: Haemophilia Foundation Victoria, 13 Keith Street, Hampton East, 3188
Ph. 03 9555 7595
Fax 03 955 7375
Email info@hfv.org.au