



2021/22 HFV MEMBERSHIP FORM RENEWAL

Every membership helps strengthen the voice of the bleeding disorders community!

Do you have any comments that you would like to share with us regarding current or potential programs/initiatives?

Contact details		
Organisation (if applicable):		
Name:		
Address:		
Suburb:		
State & Postcode:		
Email Address:		
Telephone:	Mob:	Other:

Please tick	Membership Category & Prices <small>Prices are inclusive of GST.</small>		
<input type="checkbox"/>	Standard	\$33.00	Individual or *families, one vote per membership, only adults can vote
<input type="checkbox"/>	Concession	\$16.50	As above
<input type="checkbox"/>	Allied	\$16.50	Extended family of person with BD e.g. grandparent, one vote
<input type="checkbox"/>	Youth/student	Free	U25 years, one vote
<input type="checkbox"/>	Associate	Free	Health professional, organisations etc. No voting rights

Donation Option	
<input type="checkbox"/> I would like to include a donation with my membership <small>Donations of \$2.00 or more are tax deductible</small>	My Donation Amount \$..... My Total Payment due \$

Options for Payment <small>Please note renewal membership subscriptions due 30th June 2020.</small>	
Credit Card:	Fill in details below and post or email form to HFV
EFT:	Direct Deposit to HFV, BSB 033 063, Account No. 116909. Your name in description
Cheque:	Return your completed form with a cheque or money order made payable to HFV

Credit Card details (if preferred payment method)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number				Visa	Mastercard
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
Expiry	Date	Amount	Name on Card		

Please tick here if you would like a receipt to be mailed to you

Connect Support Empower
Please email or post your completed form to HFV office, details below: