



2020/21 HFV MEMBERSHIP FORM - RENEWAL

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

*A fillable version of this form is available online through our website. www.hfv.org.au/get-involved/memberships/membership-form/
Please save the document and email to info@hfv.org.au

IF YOU HAVE BEEN IMPACTED FINANCIALLY DUE TO COVID-19 YOU CAN DELAY YOUR 2020/21 FEES PAYMENT, HOWEVER WE MUST STILL RECEIVE YOUR FORM TO RETAIN YOUR MEMBERSHIP. PLEASE TICK THIS BOX IF APPLICABLE TO YOU.

IF YOU ARE ABLE TO MAKE A DONATION TO ASSIST HFV WITH THE ANTICIPATED SHORTFALL IN SUBSCRIPTION RENEWAL FEES DUE TO COVID-19 IT WOULD BE GREATLY APPRECIATED. PLEASE SEE BELOW.

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="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	

Connect Support Empower

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