



HFV MEMBERSHIP FORM - Applications & Renewals

HFV for a reason, a season or a lifetime.

About HFV Membership

- Free entry to most HFV events. Includes events for men, women, youth, young families, school holiday, regional, newly diagnosed
- Quarterly issues of the HFV magazine filled with the latest health information for the community, together with powerful personal stories, event reports and information and booking details for upcoming HFV and HFA events.
- HFV's ENews – occasional emails with important information and event reminders
- Live Well Program: funding up to \$500 available for activities or programs that will enhance positive health outcomes. Includes driving lessons. Email info@hfv.org.au to request a Live Well application form or chat with your HTC social worker.
- Ambulance subsidy (50% of fee)
- Subsidies available to HFV members who wish to attend the Bi-annual National Conference
- Various peer support groups

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

HFV Membership Categories & Pricing. Please select. <i>Inclusive of GST</i>		
<input type="checkbox"/> Standard	\$33.00	Individual or Family
<input type="checkbox"/> Concession	\$16.50	Concession, pension card holder
<input type="checkbox"/> Allied	\$16.50	Extended family of person with bleeding disorder, eg grandparents
<input type="checkbox"/> Youth/student	Free	U25 years or full-time student
<input type="checkbox"/> Associate	Free	Health professionals or Organisation. No voting rights

Please select one of the following:

- ☐ I am a NEW member ☐ I am RENEWING my membership *Due 30th June each year*

Contact details		
Organisation:	If applicable.	
Name:		
Address (Postal)		
Suburb:		
Email Address:		
Telephone:	Mobile :	Home :
Date of Birth:		
<input type="checkbox"/> Please tick if you do NOT wish your contact details to be shared with Haemophilia Foundation Australia.		

For Family Memberships, please provide name and date of birth of all immediate family members.

Name:

Name:

DOB:

DOB

Name

Name:

DOB

DOB:

Communication Preference – please select

The HFV Magazine is published quarterly. Members will automatically receive a copy of each issue via post and/or email.

How would you prefer to receive your copy of the HFV Quarterly Magazine?

Please Tick ☐ Post ☐ Email ☐ Both ☐ I do not wish to receive HFV magazine

At other times during the year HFV may need to communicate directly with members to provide important health information and advise of upcoming HFV events and details.

Please confirm your communication preference/s for this service.

☐ Post ☐ Email ☐ SMS Text ☐ None

Preferred areas of interest – please select

HFV offers opportunities for individuals and families to meet and connect. This includes events for the whole family as well as smaller activities that cater for specific groups. To ensure you/your family receive the most appropriate health information and HFV event details please select your preferred areas of interest from the list below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> VWD | <input type="checkbox"/> Other Bleeding Disorder |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> Young families | <input type="checkbox"/> Youth 13 - 21 | <input type="checkbox"/> Young adult 18- 30 |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Regional/outer metro | <input type="checkbox"/> Newly diagnosed |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Sibling | <input type="checkbox"/> Other |

Payment Amount
My membership fee
Optional donation
Total Payment Due

Payment Options – Please select	
<input type="checkbox"/> EFT:	BSB 033 063, Account No. 116909. Your name and “subs” and/or “don” in description. Please advise date paid Click or tap to enter a date. Email the completed membership form to info@hfv.org.au
<input type="checkbox"/> Cheque:	Post the completed form with cheque or money order made payable to HFV and post to HFV, PO Box 2046 BURWOOD 3125 – new address!
<input type="checkbox"/> Credit Card:	Complete credit card details below and post or email the completed form to HFV as above

Credit Card payment details	
Select Card type:	
Card number:	
Expiry:	Name on card:
Payment Amount:	

Thank you for your support!

Please email or post your completed membership form to HFV office

New postal address: PO BOX 2046 BURWOOD VIC 3125 **New** Telephone: 0493 107 306 Email: info@hfv.org.au
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