



Membership Application Form

Return to... **Arthritis QLD** (Incorporating Osteoporosis QLD)
PO Box 2121 | Windsor Qld 4030 | Infoline 1800 011 041

PARENT/CARERS

NAME (MR/MRS/MS/MISS/DR)

CHILD'S NAME

ADDRESS

..... P/CODE

PHONE NO CHILD'S D.O.B.

EMAIL

- JIA POLYARTICULAR SYSTEMIC
 OLIGOARTICULAR ENTHESITIS
 PSORIATIC UNDIFFERENTIATED
- OTHER MUSCULOSKELETAL CONDITION

DESCRIPTION	COST	TOTAL
Standard Membership	\$30.00	
Pensioner Membership	\$15.00	
Life Membership	\$350.00	
Donations (over \$2.00 are tax deductible)		
TOTAL		

Payment details

- Cheque/Money Order (made payable to Arthritis Queensland)
 Mastercard Visa

CARD NO. _____

EXPIRY DATE / _____

NAME ON CARD _____

SIGNATURE _____

**membership expires on 30 June each year*