

MEMBERSHIP APPLICATION FORM

Return to:

Arthritis Queensland

(Including Osteoporosis Queensland)

PO Box 2121, Windsor Qld 4030

Infoline 1800 011 041 | www.arthritis.org.au

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

ADDRESS _____

SUBURB _____ POSTCODE _____

PHONE NO _____ D.O.B. _____

EMAIL _____

TYPE OF ARTHRITIS _____

DO YOU HAVE OSTEOPOROSIS? _____ YES/NO _____

DESCRIPTION	COST	TOTAL
Standard Membership	\$30.00	
Pensioner Membership	\$15.00	
Professional Membership	\$60.00	
Life Membership	\$350.00	
Donations (over \$2.00 are tax deductible)		
TOTAL		\$

Payment Details

Cheque/Money Order (made payable by Arthritis Queensland)

MasterCard Visa Amex Diners

CARD NO. _____

EXPIRY DATE ____/____

NAME ON CARD _____

*membership expires on june 30 each year