**MEMBERSHIP APPLICATION FORM 2018-19**

**Personal Details**

Mr/Mrs/Ms/Other:\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Details

(if completing this form as a parent/carer, please indicate with an \* person/s with bleeding disorder)

Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BD: 🞏

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BD: 🞏

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BD: 🞏

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BD: 🞏

PRIVACY

We respect your privacy. Your details will NOT be provided to other organisations or individuals without your permission. Your membership details will assist HFNSW in planning for activities to meet your needs; however you are not required to provide all details including health information on this form if you do not wish to. Haemophilia Foundation New South Wales (HFNSW) was founded to provide support and education to individuals and families affected by haemophilia, von Willebrand disorder and other related bleeding disorders. HFNSW is a member organisation of Haemophilia Foundation Australia (HFA) which is the national peak advocacy body for the bleeding disorders community.

HFNSW membership automatically entitles you to have access to HFA services and programs, including receiving their quarterly newsletter National Haemophilia. Mark this box if you do NOT  want your name and address recorded on the HFA database

Please tick appropriate boxes (optional):

 I/my family are directly affected by a bleeding disorder (have a bleeding disorder or are related/close to someone with a bleeding disorder)

Type of bleeding disorder:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I I am a donor/supporter

 I am a Health Professional (please write details below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Centre attended:­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes I would be interested in attending a support group

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP BENEFITS**

* *Factor Matters,* quarterly newsletter
* Regular updates about community and Haemophilia Treatment Centres (HTCs) activities & events
* Peer support groups and social activities
* Annual Family Camp (subsided for members)
* Rebates on Medic-Alert bracelets and supportive footwear
* Assistance to members experiencing hardship
* Support & assistance to members having extended stays in hospital
* Representation to governments and policy makers about best practice care and treatment
* Rural and regional visits and peer support meetings in regional centres
* Information about specialist care and services for our members
* Information on bleeding disorder related health matters like joint care, pain management, hepatitis C and HIV
* Membership of our national body Haemophilia Foundation Australia (HFA), including their quarterly publication *National Haemophilia*

**ANNUAL MEMBERSHIP $20 PER APPLICATION (includes GST)**

**FOR SINGLE AND FAMILY MEMBERSHIP**

Membership $20.00 (Inc. GST) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All donations over $2 to Haemophilia Foundation NSW are tax deductible.

**Payment Details**

□ Direct Deposit - BSB 062204 Acc No 00902590 Ref: Family surname:\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

□ Cheque/Money Order

□ Paypal - via HFNSW website [www.hfnsw.org.au/donate](http://www.hfnsw.org.au/donate) and in comments note family surname

Please send the membership application form to:

Haemophilia Foundation New South Wales Inc

P O Box 631 Broadway NSW 2007

Or email coordinator@hfnsw.org.au