Haemophilia Foundation New South Wales Inc. 

ABN: 60245470729

Patron: Prof. Kevin A. Rickard AM RFD

**2019-2020**

**Personal Details**

**Mr/Mrs/Ms/Other:\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Required)**

(Member details below only required if changed)

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

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

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

Family Details (if completing this as a parent/carer indicate with \* for person with bleeding disorder)

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

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

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

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

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

**ANNUAL MEMBERSHIP $20 PER APPLICATION**

**(INCLUDES GST) SINGLE OR FAMILY MEMBERSHIP**

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

Donation\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donations over $2 are tax deductible

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

Payment details

Please make cheques/money orders payable to: **Haemophilia Foundation NSW Inc.**

Mail to: **HFNSW, PO Box 631, Broadway NSW 2007**

- EFT payment to: **Haemophilia Foundation NSW CBA** BSB: **062204** Account number: **00902590**

**WHEN PAYING ONLINE PLEASE USE YOUR FULL NAME IN THE DESCRIPTION FIELD &**

**FORWARD YOUR RECEIPT NUMBER WITH YOUR MEMBERSHIP RENEWAL**

Please retain a copy of this form for tax purposes if desired. A receipt will be posted to you.