HEART & LUNG TRANSPLANT FOUNDATION WESTERN AUSTRALIA
Every breath and every heartbeat

Annual Membership Form

This membership application is for a (please tick)

☐ New membership ☐ Membership renewal

Completed forms can be faxed to (08) 9208 9050 posted to PO Box 1536, OSBORNE PARK DC WA 6916 or emailed to info@heartlungtransplantfoundation.org.au Inquiries please call 0434 547 845.

Membership Information

_____
Member's Name ***(please print above)***

_____
ID number (for membership renewal if known)

_____
Address

_____
Suburb/City

_____
State Post Code

Is this a new address? YES NO

_____
Telephone

_____
Mobile

_____
Email

Your membership fee includes personal invitations to annual Foundation events and a copy of the Foundation's Annual Report.

Renewing members should be aware that their membership becomes unfinancial if not renewed by 30 September.

Membership Type

Tick one of the options below

☐ **BUSINESS / CORPORATE MEMBERSHIP – $100**

☐ **INDIVIDUAL MEMBERSHIP – $25**

☐ **HEALTH CARE CARD MEMBERSHIP – $10**

_____
Health Card number

_____
Expiry date

☐ **PATIENT MEMBERSHIP – FREE**
(For patients first year of membership)

Payment

The Heart & Lung Transplant Foundation of WA Inc will process your membership application upon approval by the Board (for new Members) and receipt of the appropriate fee.

Method of Payment:

☐ Cash ☐ Cheque

☐ Credit Card (Mastercard or VISA – please circle card type)

_____
Credit Card number

_____
Expiry date

_____
Signature

Acknowledgment

Please read the statement below and sign at the bottom. Your membership/renewal cannot be completed without a signature.

I, _____ hereby request to become a member of the Heart & Lung Transplant Foundation of WA Inc.
I understand the Foundation is a not-for profit organisation and agree not to collect monies on behalf of the Foundation unless prior permission has been given.

_____
Signature Date