



HFNSW Membership Form

“Your Support Matters!”

Please select one of the following:

- I am a NEW member.
- I am RENEWING my membership - Renewals due 30th June each year where possible.

Date of application/renewal:.....

Contact Details		
First Name		
Last Name		
Address		
Telephone		
Email		
Date of Birth		
Please indicate your affiliation with bleeding disorders:		
<input type="checkbox"/> Person with a bleeding disorder	<input type="checkbox"/> Parent of a child with a bleeding disorder	<input type="checkbox"/> Grandparent of a child with a bleeding disorder
<input type="checkbox"/> Clinician	<input type="checkbox"/> Other (please indicate) -	
Bleeding Disorder Diagnosis Details (If applicable)		
Treatment Centre		
Family members to be included in this membership:		
Family Member:		
Name		
Family Name		
Telephone		
Email		
Date of Birth		
Bleeding Disorder Diagnosis details		
Relationship to Member		
Family Member:		
Name		
Family Name		
Telephone		
Email		
Date of Birth		
Bleeding Disorder Diagnosis details		
Relationship to Member		

Family Member:	
Name	
Family Name	
Telephone	
Email	
Date of Birth	
Bleeding Disorder Diagnosis details	
Relationship to Member	
Family Member:	
Name	
Family Name	
Telephone	
Email	
Date of Birth	
Bleeding Disorder Diagnosis details	
Relationship to Member	
Privacy	
<p>We respect your privacy. 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. 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.</p> <p>Please tick <input type="checkbox"/> if you do NOT want your details forwarded to HFA.</p>	
Membership Fee Payment	
<p>Please return this membership form via email at admin@hfnsw.org.au or to the address below: PO Box 631, Broadway NSW 2007</p> <p><input type="checkbox"/> Individual Membership <input type="checkbox"/> Family Membership (includes immediate family members) - Membership \$20.00 (GST inclusive)</p> <p>Membership fee can be waived in special circumstances – Please contact us on 0470637928.</p>	
Membership/Renewal Fee	\$
I would like to donate (optional)	\$
<input type="checkbox"/> Direct Deposit	Account Name: Haemophilia Foundation NSW BSB: 062204 Account number: 00902590 <i>*Please use your full name in the description field & forward your receipt number with your membership renewal</i>
<input type="checkbox"/> Credit Card/PayPal	HFNSW PayPal Link: www.hfnsw.org.au/get-involved/donate-now/
<input type="checkbox"/> Cheque Enclosed	payable to Haemophilia Foundation NSW Inc.

* Donations over \$2.00 are tax deductible

Thank you for your continued support!