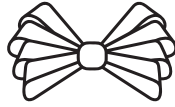


Membership Renewal Form



The Australian Thyroid Foundation Ltd

Choose membership type

- General **\$30**
 Concession (Pensioner/Student) **\$25**
 Professional **\$60**
 Lifetime **\$300**

Member No. _____

Your details

Please use block lettering.

Dr Mr Mrs Ms Miss Other: _____

First name: _____

Last name: _____

Company name: _____

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____

Country: _____

Phone: () _____

Mobile: _____

Email: _____

Date of birth: _____

Make a donation

I would like to make a donation to The ATF for the following amount:

\$5 \$10 \$50 \$100 Other \$ _____

Method of payment

I will be paying by:

- Master Card Visa
 Cheque Money Order

Cheque or money order can be made out to:
The Australian Thyroid Foundation Ltd

Credit card details

Card no. _____

Expiry date: _____

Name on card: _____

Signature: _____

Total payment

Membership fee \$ _____

+ Donation \$ _____

= Total \$ _____

Would you like a receipt? Y N

All prices are in Australian dollars and include GST, except donations which are GST free. Donations over \$2 are tax deductible.

Optional survey questions

- Your diagnosed thyroid condition: _____
- Does anyone in your family have an autoimmune condition?
 Y N Condition(s): _____
- How did you hear about The Australian Thyroid Foundation?

- Would you like to become an ATF volunteer? Y N

Post completed Membership Form to:

The Australian Thyroid Foundation
Suite 2, 8 Melville Street, Parramatta NSW 2150

Or fax to: (61 2) 9890 8533

NOTE: Yearly renewal fees are the same price as the membership fee at the time of renewing. The ATF is a company limited by guarantee.