



PO BOX 283,  
WESTMEAD HOSPITAL, NSW, 2145

## 2020-2021 Membership/Donation Form

To enable us to continue our work of supporting those affected with Connective Tissue Disorders and their families, we need your support. By becoming a member, and helping the ConnecteD community grow in numbers; we are able to represent you with more strength and in a higher impact way. Please consider joining and donating. Thank you.

<b>TITLE</b>	<b>FIRST NAME</b>	<b>SURNAME</b>	
<b>ADDRESS</b>			
<b>SUBURB / TOWN</b>		<b>STATE</b>	<b>POSTCODE</b>
<b>TELEPHONE/CONTACT</b>	<b>MOBILE</b>		
<b>EMAIL ADDRESS</b>		<b>Would you prefer to be contacted by email: Yes/No</b>	
<b>MEMBERSHIP 2020-2021 – One Year \$5.00 per person</b>		\$	
<b>MEMBERSHIP 2020-2025 – Five Years \$25.00 per person</b>		\$	
<b>Donation (Tax Deductible over \$2)</b>		\$	
<b>TOTAL</b>		\$	

I would like to submit the above total for payment by:

Cheque made payable to: ("ConnecteD Foundation")

Or please debit my

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa		
Cardholder Name: _____			
Card Number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	CCV No:		
<input type="text"/>	<input type="text"/>		
Cardholder Signature: _____			

Membership is \$5.00 per person per year.  
Payment can be made by Cheque, Mastercard or Visa.  
Donations over \$2.00 are tax deductible. \$10 minimum Credit Card payment.  
ConnecteD Foundation Inc. is registered as a Company Limited by guarantee under the *Companies* (NSW) Code.  
ABN: 78 484 039 441