

Yes, I would like to become a Transplant Australia member

Family Name: _____
 First Name: _____
 Address: _____
 Suburb: _____
 State: _____ Post Code: _____
 DOB: _____
 Phone (H): _____ (W): _____
 Mobile: _____
 Email: _____

Membership Type

Single Family

Members Information

Recipient

Transplant Type: _____
 Date Received: _____
 Hospital: _____

Donor Family

Relation to Donor: _____
 Year of Donation: _____

Living Donor

Organ Donated: _____
 Date of Donation: _____
 Hospital: _____
 Relation to recipient: _____

Awaiting Transplant

Organ/Tissue Type: _____
 Hospital: _____
 Duration on waiting list: _____

Other:

Carer/Supporter/Health Care Professional

Type: _____

List additional family members:

1. Name: _____ DOB: _____
 Email: _____
 2. Name: _____ DOB: _____
 Email: _____
 3. Name: _____ DOB: _____
 Email: _____
 4. Name: _____ DOB: _____
 Email: _____

Membership Fees:

Please note Donor Family Members and Living Donors have honorary membership.

Single: 1 year – \$15

Family: 1 year – \$25

N.B Membership is due for renewal on June 30 of each year.
 Please see reverse for payment details

Membership Fees Subtotal: \$ _____

I hereby agree to be bound by the Constitution of Transplant Australia Ltd and for my records to be held by Transplant Australia (available at www.transplant.org.au)

Signed: _____

Please send me more information on:

- Participating in the Transplant Games
- Teamlife Community Champion Program
- Teamlife Recovery Program
- Transplant Kids Program
- Branch social activities
- Participating in Committee activities
- I wish to share my story with the media

Yes, I would like to support Transplant Australia

If your details are the same as your membership on reverse please tick here:

Family Name: _____

First Name: _____

Address: _____

Suburb: _____

State: _____ Post Code: _____

DOB: _____

Phone (H): _____ (W): _____

Mobile: _____

Email: _____

If you wish you may nominate a program that your donation will help support:

- Teamlife Kids Program
- Organ and Tissue Donation Awareness Program
- Teamlife Recovery Program
- Transplant Research Program
- Benevolent Fund (financial assistance)
- Transplant Sporting Activities
- State-Based Program State: _____ Activity: _____
- Other: _____

Please accept my gift of: \$30 \$50 \$100 \$200 or \$

Or ongoing support

Please charge \$ _____ monthly to the credit card until I advise otherwise.

Signed: _____

Subtotal: _____

Transplant Australia Ltd is a registered charity. Donations of \$2.00 and above are tax deductible. Transplant Australia is endorsed as a Deductible Gift Recipient under Item 4.1.1 Subdivision 30-B of the Income Tax Assessment Act 1997.

Transplant Australia Gear

- I would like a TA badge \$10 (inc GST)
- I would like a TA cap \$15 (inc GST)
- I would like a TA t-shirt \$25 (inc GST)

(Please allow for \$5 postage and handling)

NB: Caps are one size fits all.
T-shirts are a unisex style. Indicate your size:

- XS S M L
- XL XXL XXXL

TA Gear Subtotal: \$ _____

Payment

Membership: \$ _____

TA Gear: \$ _____

Please add \$5 postage and handling: \$ _____

Donation: \$ _____

Total payment: \$ _____

Enclosed is a cheque/money order for the amount of \$ _____ made payable to Transplant Australia Ltd.

Or debit my credit card

- Visa MC Diners Amex

Name of cardholder: _____

Card No.:

Expiry date: _____

Cardholder's signature: _____

- Please send information about making a bequest to the charitable purposes of Transplant Australia Ltd.
- Please send me information about Transplant Australia's volunteer program.

Please return this form to:
Transplant Australia Ltd
PO Box 592, North Sydney, NSW 2059
Ph: +61 2 9922 5400 Fax: +61 2 9954 6412
Email: contactus@transplant.org.au
Web: www.transplant.org.au
ABN 39 107 428 615