

supporting sufferers,
their families and friends....



Telephone 07 3321 4408 (Messagebank Service)
PO Box 39 Red Hill QLD 4059

Endometriosis Association (Qld) Inc ABN 27 667 162 581
Email: info@qendo.org.au
www.qendo.org.au

general details

Contact name	(Given Name)	(Surname Name)	
	(Title) Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	(Age Group) 13 – 20 years <input type="checkbox"/> 21 – 30 years <input type="checkbox"/> 31 – 40 years <input type="checkbox"/> 41+ years <input type="checkbox"/>	
Street address			
Suburb	State	Postcode	
Telephone	(Business hours)	(After hours)	Date of Birth / /
Email			I would like to receive my newsletters / notices by email Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal address if different to above *All correspondence will be sent to this address			
Contact name	(Given Name)	(Surname Name)	
Postal address			
Suburb	State	Postcode	

membership application / renewal

I hereby apply for membership of the Endometriosis Association (Qld) Inc Renew my membership (Please tick whichever applies)

Annual Membership fees are:

General \$ 30.00

Concession \$20.00 (Unemployed, student, Health Care Card holder)

Couple \$50.00 (Mother / daughter or husband & wife – one newsletter per family)

Signature:

Date:

All Annual membership fees are due on your membership anniversary and you will be notified at time of renewal.



survey

Referral	I found out about the Association from	
Volunteer Work	Would you like to help with volunteer work needed to run the Association Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please tick where appropriate	I would be interested in volunteering in the following areas:	
	On the Management or a Sub Committee <input type="checkbox"/>	With Fund Raising & Grant Applications <input type="checkbox"/>
	With the Newsletter or Library <input type="checkbox"/>	As a Support Worker or High School Visiting <input type="checkbox"/>
Donation	I cannot help at the present time but would like to assist by enclosing a donation of \$ _____ which is tax deductible.	
Comments	Further comments you would like to make	

payment details

Payment Options Please tick where appropriate

Cheque / Money Orders to be made payable to 'Endometriosis Association (Qld) Inc.' & to be enclosed with membership application form

Please charge my   please charge my credit card for the amount of \$ _____ which includes my membership fees & any donation as listed above.

Cardholder Number : / / / Expiry Date /

Cardholders Name:

Signature:

Date:

Thank you for your support of the Endometriosis Association (Qld) Inc.