



MEMBERSHIP APPLICATION

To become a member of the Hypoglycemic Health Association of Australia:

- Send this form to us via post, or e-mail to membership@hypoglycemia.asn.au
- Send payment to us via PayPal (credit card), bank deposit, money order or bank cheque (in AU\$)

Please note that all receipts are issued via e-mail, if you require a receipt posted to you please include a self-addressed stamped envelope. Also, overseas members are sent newsletters via e-mail only.

Personal details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr
First name:				Surname:	
Address:					
State:				Postcode:	
Country:					
Phone:					
E-mail:					
Year of birth:			Occupation:		

Membership details

Full membership	<input type="checkbox"/> \$44.00	(includes \$22 joining fee)
Pensioners & Health Care Card holders	<input type="checkbox"/> \$33.00	(includes \$16.50 joining fee)
Life membership	<input type="checkbox"/> \$200.00	(no joining fee applies)

Other details

I wish to receive newsletters via:	<input type="checkbox"/> E-mail	<input type="checkbox"/> Post
Do you or a family member have hypoglycemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or a family member have food allergies/intolerances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Payment

To pay by PayPal (Visa/Mastercard/AMEX): Send payment for your chosen membership type to membership@hypoglycemia.asn.au * Ensure your name and/or e-mail address match this form so we can identify your payment	To pay by bank deposit: Bank: Westpac BSB: 032258 Account: 500324 * Please put your name in as the reference
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Alternatively, please post a money order or bank cheque (in AU\$) to us attached to this form.