



## 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](mailto: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

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

### Membership details

<b>Full membership</b>	<input type="checkbox"/> <b>\$44.00</b>	(includes \$22 joining fee)
<b>Pensioners &amp; Health Care Card holders</b>	<input type="checkbox"/> <b>\$33.00</b>	(includes \$16.50 joining fee)
<b>Life membership</b>	<input type="checkbox"/> <b>\$200.00</b>	(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

<b>To pay by PayPal (Visa/Mastercard/AMEX):</b> Send payment for your chosen membership type to <a href="mailto:membership@hypoglycemia.asn.au">membership@hypoglycemia.asn.au</a> * Ensure your name and/or e-mail address match this form so we can identify your payment	<b>To pay by bank deposit:</b> <b>Bank:</b> Westpac <b>BSB:</b> 032258 <b>Account:</b> 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.