



APPLICATION FOR MEMBERSHIP

Australian Pompe Association Inc

ABN 33 235 063 479

I (Mr. Mrs. Miss. Ms. Dr.)(Full name of Applicant)

name of child if applying membership for a child under 18 years old.....

D.O.B/...../.....

of.....

.....(Post Code)

Telephone Mobile Email

Name of Spouse/Partner (Optional)

Type of Membership Patient Carer Friend

Occupation

Employment Status: Retired Semi Retired Working

Patients only Diagnosed Date/...../.....

Treating Doctor's Name **Treating Centre**

Would you like your contact details included on the Members contact list Yes No

In the event of my admission as a member, I agree:-

- 1. To be bound by the rules of the association as amended from time to time.
- 2. My name and information being included in the association's membership register
- 3. The information provide by me may be used by the Australian Pompe Association in the advancement of treatment for myself and all Pompe patients.

Signature Date/...../.....

Membership Approved by Committee

Date/...../.....

Joining Fee as of August 2019 \$30.00

Australian Pompe Association Bank Account Bendigo Bank BSB 633 000 Number 1183 53226