



# Thalassaemia Society of NSW

## APPLICATION OR RENEWAL OF MEMBERSHIP

Please complete the Membership Form below and post (with membership fees enclosed) to:

Thalassaemia Society of NSW Inc. P O Box M120 Camperdown NSW 2050

Or register online at: <http://thalnsw.org.au/membership>

APPLICANT 1 NAME:		Email:
APPLICANT 2 NAME: (If applicable)		Email:
APPLICANT 3 NAME: (If applicable)		Email:
APPLICANT 4 NAME: (If applicable)		Email:
APPLICANT 5 NAME: (If applicable)		Email:
ADDRESS:		
		POSTCODE:
CONTACT NUMBERS:	HOME:	MOBILE:

**MEMBERSHIP:** Single Membership – (\$20 per person annually) *You may add additional family or friends to join by providing their names above:*

Cheque  Money Order  *Made Payable to the Thalassaemia Society of NSW Inc.*

Please charge my **credit card:** \$ \_\_\_\_\_ MasterCard  Visa  AmEx

Credit Card Number: .....

Name on Card: .....

Expiry Date: ...../.....

Cardholder's signature: .....

Date: ...../...../.....

I, the undersigned hereby agree, that the above listed names knowingly join the Thalassaemia Society of NSW Inc and if accepted as a Member at a meeting of the Executive Committee, I will pay the relevant membership fee and accept the rights and responsibilities of being a member of the Thalassaemia Society of NSW Inc.

**SIGNATURE OF APPLICANT:** ..... **DATE:** .....

I would like to make a **Donation to the Society** of \$ .....  
*[Donations of \$2 and over are tax deductible]*

I would like Information Pamphlets about Thalassaemia / Sickle-Cell  Number of pamphlets: .....

I would like to receive the quarterly emailed Newsletters

**PO BOX M120 CAMPERDOWN NSW 2050**

**CFN: 14635**

**ABN: 23 221 006 171**

**TEL: (02) 9550 4844**

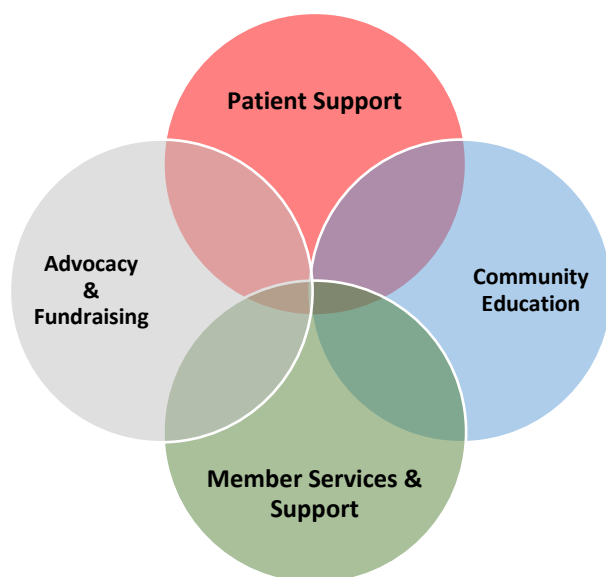
**MOBILE: 0400 116 393**

**e-mail: [coordinator@thalnsw.org.au](mailto:coordinator@thalnsw.org.au)**

**[www.thalnsw.org.au](http://www.thalnsw.org.au)**

**Information & Privacy Policy:** Thalassaemia Society of NSW Inc will use your information for the purpose of data processing, receipting of donations and keeping you informed of programs and services. *If you wish to remain anonymous please tick this box*

## Why become a member?



Your Membership or Donation is vital for many reasons:

- ✓ **Helps raise funds for:**
  - **Urgent medical equipment** such as slow infusion pumps.
  - World class **Medical Research Projects** such as Stem Cells, Gene Therapy, Foetal Haemoglobin, Bone Marrow Transplants, Haemoglobinopathy Registry, Iron Chelators etc.
  - Other Medical services such as a **MRI T2\*** for our patients.
  - Equipment for our Main Treating Centres such as chairs, vein finder, TV's, etc.
- ✓ **Supports greater awareness and education through:**
  - Development of publications and materials for health professionals
  - **Community Education** programs in community groups, especially newly-arrived and emerging (CALD-Culturally and Linguistically Diverse) communities, schools and hospitals.
- ✓ **Services for Members:**
  - **Keeps you informed** of important issues relevant to patients and families with newsletters, website and social media updates.
  - Family outings, social events and education workshops
  - Resilience building and peer mentoring programs
  - Patient and Family counselling and provision of needed medical equipment
- ✓ **Strengthens the Society:**
  - Enables the **day to day operations** of the Society
  - Maintains a strong community profile and advocacy base
- ✓ **Advocacy:**
  - Raises our voice for **greater Government support & assistance**
  - Enables greater input within NSW Health and Hospital Administration
  - Enables work with partner organisations to promote haemoglobinopathy issues

Ευχαριστώ धन्यवाद Thank You شکرا Grazie 謝謝

