

Membership Application

Diabetes WA membership connects you to the latest information and services, to help you live well with diabetes or reduce your risk of developing type 2 diabetes.

To join Diabetes WA, simply complete this form and return to us, along with your payment, by:

Mail: Diabetes WA, PO Box 1699, Subiaco, WA, 6904
Fax: (08) 9221 1183
Hand: Level 3, 322 Hay Street, Subiaco, WA, 6008

If you are paying by credit card, you can also join by:

Telephone: (08) 9325 7699
Internet: www.diabeteswa.com.au

*Personal Details

(Please print)

Title: _____

First Name: _____ Surname: _____

Date of Birth: ____/____/____

Postal Address: _____

Post Code: _____ Mobile: _____

Telephone: _____ Email: _____

Do you have diabetes? (Please tick type, if relevant)

Type 1

Type 2

Gestational

Membership Application

Payment Details

<input type="checkbox"/>	Full fee for 1 year = \$50						
<input type="checkbox"/>	Full fee for 2 years = \$90 (save \$10)						
<input type="checkbox"/>	Concession fee for 1 year = \$26						
<input type="checkbox"/>	Concession fee for 2 years = \$46 (save \$6)						
<input type="checkbox"/>	Pension	<input type="checkbox"/>	Senior	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	DVA
<input type="checkbox"/>	Student	<input type="checkbox"/>	Under 18				

Concession Card Number: _____

Payment Method:

<input type="checkbox"/>	Cheque/money order (enclosed and made payable to Diabetes WA) or																												
<input type="checkbox"/>	Credit Card																												
	Charge My	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Visa																								
Card Number	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																												

Card Expiry Date: ____/____ Signature: _____

I wish to make a tax deductible donation to help people with diabetes.

Membership Fee: \$ _____
 Donation: \$ _____
 Total: \$ _____

*The information collected in this form is for the purpose of processing your membership and to enable the efficient provision of services, products and information to our members. All information collected is strictly confidential and will not be passed on to any other parties.