

Application for Membership

Title _____ First Name _____ Surname _____
Address _____
Suburb _____ State _____ Post Code _____
Phone _____ Work _____ (Please include Area Code with any phone numbers)
E-mail address _____ Mobile _____

I hereby apply to become a member of the Chronic Pain Association of Australia (CPAA). If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

Class of Membership

- Supporter - Free (Non-voting member) Membership Renewal
 Individual \$15 (Voting) Concession \$10 (Voting)
 Additionally, I would like to make a tax deductible* donation of A\$: _____

*Donations of \$2.00 and over to the Chronic Pain Association of Australia are tax deductible.

Do you need a receipt? No Yes, emailed Yes, printed

Payment Methods - Payments accepted by mail or phone.

Visa Mastercard Card Number _____
Name on Card _____ Expiry Date __ / __ / _____

Cheque / Money Order (Please make payable to Chronic Pain Australia)
 Direct Deposit / Electronic Fund Transfer Date of Deposit __ / __ / _____
BSB 633 000 A/C 129919007 Chronic Pain Association of Australia

Additional Information

- I live with chronic pain I care for a person with chronic pain
 I am a family member of a person who lives with chronic pain
 Other (please specify) _____

Privacy - CPAA collects and uses your personal information for membership management, and to provide you with information about chronic pain and chronic pain management. We also use your personal information to compile statistics that assist us to understand chronic pain and its incidence and impact better. The information used for statistics is de-identified.

Consent - I agree that my personal information can be used by CPAA for the above purposes.

Signature _____ Dated this _____ day of _____ 20_____

Once completed, please post this Membership Application Form to the address provided below