

Cystic Fibrosis Community Care provides a range of services to support members who have cystic fibrosis (CF) and their families and friends. For more details visit [www.cfcc.org.au](http://www.cfcc.org.au)

## Membership renewals are due 28 February 2019\*

*\*Access to services will be restricted if your membership has not been renewed by 28 February 2019*

### Your membership status

- New membership application  Renewal of membership

### Your details

Name:		Date of birth:	CF Clinic:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified		Email:	
Address:			Suburb / Town:
State:	Postcode:	Phone:	Mobile:
Country of birth:	Language spoken at home:	Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you identify as an: <input type="checkbox"/> Aboriginal person <input type="checkbox"/> Torres Strait Islander person <input type="checkbox"/> Both			
Do you have a: <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Both			

### Membership fees

	<b>1 year</b>	<b>3 years</b>
I am an adult with CF	<input type="checkbox"/> Free	Not applicable
I am the parent/ carer of a child / children with CF (under 18 years)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90
I am the parent/ carer of a child / children who was diagnosed with CF this year	<input type="checkbox"/> Free	Not applicable
I am the parent/ carer of an adult / s with CF (18 or over)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90
I am a partner/relative/friend of someone with CF (Please circle one)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90
I am a supporter of CF CommunityCare	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90

### Other family and household members

This will help us to provide you with relevant information on our services and invitations to events

Name:		Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
CF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school / kindergarten (if applicable)		Relationship:
Name:		Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
CF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school / kindergarten (if applicable)		Relationship:
Name:		Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
CF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school / kindergarten (if applicable)		Relationship:

### Would you like to be involved?

- We are often contacted by media who would like to speak to someone about living with CF. Would you be interested in sharing your experience?  Yes  No
- Would you be interested in finding out more about volunteering with us to support the CF community?  Yes  No

## Communications

I would like to receive:

PASSwords newsletter via email (monthly)  CommunityFocus Magazine via email  CommunityFocus Magazine via post\*

\* Choosing email subscription to our magazine means that we save money on printing and postage, which can be used to provide other services for our members.

## Payment details

Membership fee:	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$90.00	Donation*: \$	Total: \$	
Card number:	/	/	/	Expiry date:	/	CW:
Name on card:	Signature:					
<input type="checkbox"/> I will contact the relevant office to organise a direct deposit / bank transfer**						
<input type="checkbox"/> A cheque / money order made payable to Cystic Fibrosis CommunityCare is enclosed.						

\* Donations over \$2 are tax deductible

\*\* You can set up automatic / recurring payment of your annual membership fee through your online banking facility

## Privacy and consent

### All members

I agree to the collection of the data on this form by CF CommunityCare and acknowledge that all personal information provided on this form will be placed on CF CommunityCare's database and used for purposes associated with its service and business operations / events. It will not be provided to any other person or organisation, without my prior consent, unless required by law. The CF CommunityCare privacy policy provides information on how to access your personal information held by CF CommunityCare and how to seek correction of such information if required. The privacy policy also contains information about how to make a complaint about any breach of privacy legislation. For further details of CF CommunityCare's privacy policy view the policy online at [www.cfcc.org.au](http://www.cfcc.org.au)

Find out more about the Australian Charter of Healthcare Rights in the Australian health system at <http://ow.ly/7urh306E4k0>

### Adults who have CF or parents / carers of a child / children with CF (under 18 years)

I hereby acknowledge that CF CommunityCare, has advised me of the following:

- CF CommunityCare Privacy and Confidentiality Policy
- My right to access personal information
- My right to withdraw my consent at anytime

I am aware of, and understand that, the organisation may need to collect and disclose personal information to third parties (as required) to provide an improved level of care.

I understand that CF CommunityCare must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Please select ONE of the following:

I nominate my personal information be disclosed as necessary for delivery of services, to other persons or agencies

I nominate that my personal information only be disclosed to the persons / agencies below (e.g. my CF clinic, Centrelink):

- 
- 
- 

I do not give my permission for CF CommunityCare to collect or disclose my personal information to third parties unless required by law

Name:

Signature:

Date:

<b>Office use only</b>		
PASS Staff Member:	Signature:	Date:

## Return this completed form to the relevant office

### NSW

E: [reception@cfcc.org.au](mailto:reception@cfcc.org.au)

T: (02) 8732 5700

Post: PO Box 4113, Homebush South NSW 2140

### Victoria

E: [admin@cfcc.org.au](mailto:admin@cfcc.org.au)

T: (03) 9686 1811

F: (03) 9686 3437

Post: 80 Dodds Street, Southbank VIC 3006