

# 2020 Membership Form

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

## Membership renewals are due 28 February 2020\*

\*Access to services will be restricted if your membership has not been renewed by 28 February 2020

### Your membership status

- New membership application  Renewal of membership

### Your details

Name:		CF clinic:	Member number (VIC only):
<input type="checkbox"/> My personal and family details have not changed since my 2019 membership renewal (please tick if appropriate) - <i>(If you tick this option you do not need to fill out all personal details on this form below. Please note, it is your responsibility to update us with any changes to your personal details)</i>			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified		Date of birth:	
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

	1 year	3 years
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 Community Care	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90

### Other family and household members

If you need more space to add family members, please attach an extra page or contact us

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	Relationship::	Mobile (if applicable):
Name of school / kindergarten (if applicable)		Email (if applicable)
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	Relationship::	Mobile (if applicable):
Name of school / kindergarten (if applicable)		Email (if applicable):

## 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)  Community Focus Magazine via email  Community Focus Magazine via post

## 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:	/	CVV:
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 Community Care 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

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

I agree to the collection of the data on this form by CF Community Care and acknowledge that all personal information provided on this form will be placed on CF Community Care'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 Community Care privacy policy provides information on how to access your personal information held by CF Community Care 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 Community Care's privacy policy view the policy online at [www.cfcc.org.au/about-cfcc/privacy/](http://www.cfcc.org.au/about-cfcc/privacy/)

I hereby acknowledge that CF Community Care, has advised me of the CF Community Care Privacy and Confidentiality Policy, my right to access personal information and my right to withdraw my consent at anytime.

I understand that CF Community Care 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 Community Care to collect or disclose my personal information to third parties unless required by law. I am aware of, and understand that this may affect the level of support CF Community Care can provide.

Name:

Signature:

Date:

## Return this completed form to the relevant office

### NSW

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

M: PO Box 304, Burwood NSW 1805

P: (02) 8732 5700

### Victoria

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

M: 282 Neerim Road, Carnegie VIC 3163

F: (03) 9686 3437

P: (03) 9686 1811

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