

Cystic Fibrosis Community Care (CFCC) 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

Membership renewals are due 28 February 2021*

*Access to services will be restricted if your membership has not been renewed by 28 February 2021

Your membership status

New membership application

Renewal of membership

Your details

Name:			CF clinic:
<input type="checkbox"/> My details have not changed since last membership renewal. (You do not need to fill out all your personal details below. Please note, it is your responsibility to update us with any changes to your details.)			
Gender:			Date of birth:
Email:			
Address:			Suburb / Town:
State:	Postcode:	Home 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 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:	Gender:
CF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	Mobile (if applicable):
School / Kindergarten (if applicable):		Email (if applicable):
Name:	Date of birth:	Gender:
CF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	Mobile (if applicable):
School / Kindergarten (if applicable):		Email (if applicable):

Would you like to be involved?

We are often contacted by media. Would you be interested in sharing your CF experience? Yes No

Would you be interested in volunteering with us to support the CF community? Yes No

Communications

I would like to receive:

PASSwords email newsletter 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. **Note:** Membership fee is non-refundable.

Privacy and consent

Find out more about the Australian Charter of Healthcare Rights at: <https://bit.ly/saagov>

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

I wish to nominate a person/s to communicate with CFCC on my behalf (state their full name and relationship below).

Name:	Relationship:	Mobile:
-------	---------------	---------

I agree that my personal information may be disclosed only as necessary for delivery of services, to other persons or agencies (i.e. my CF clinic, when ordering nebuliser equipment, helping with Centrelink forms, access to support events).

I hereby acknowledge that CFCC, has advised me of the CFCC Privacy and Confidentiality Policy, my right to access personal information and my right to withdraw my consent at any time. I understand that CFCC must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Name:	Signature:	Date:
-------	------------	-------

Feedback

To provide feedback about our services, programs and events visit: www.cfcc.org.au/contact-us/#feedback

Return this completed form to the relevant office

NSW

E: reception@cfcc.org.au
A: PO Box 304, Burwood NSW 1805
P: (02) 8732 5700

Victoria

E: admin@cfcc.org.au
A: 282 Neerim Road, Carnegie VIC 3163
P: (03) 9686 1811

Office use only		
Date received:	PASS Staff Member:	Signature: