

MEMBERSHIP APPLICATION / RENEWAL

ME/CFS/FM Support Association Qld Inc.

27 Scott Street, Toowoomba Qld 4350

Name.....

Address.....

Phone.....Date of Birth.....Age at onset.....

Sufferer

ME/CFS

Student

Carer

FM

If you have a sympathetic GP, would you mind providing his/her details for the benefit of others?

Name of GP.....Phone.....

Address.....

Do you want your name placed on the Contact List which enables members to contact each other?

Yes  No

Names for Family Registration

Sufferer

Carer

Age

.....  .....  .....

.....  .....  .....

.....  .....  .....

\$20.00 Annual Subscription  New  Renewal

\$20.00 Photocopied Articles (Optional) *Monthly sets of articles posted with Journal*

..... Donation (Optional) *Gifts of \$2 or more are tax deductible*

Total ..... Signature..... Date.....

Office use only

If new member:

Proposed for Acceptance..... Date.....

Seconded..... Date.....