



## ACT HEPATITIS RESOURCE CENTRE INC.

### Membership Application and Renewal Form

Please complete the form and return to:

ACT Hepatitis Resource Centre Inc.  
PO Box 50  
WODEN ACT 2606  
Fax: 02 6285 1833

For information regarding the Centre's Vision, Mission Statement and Privacy Policy Statement, visit our website: [www.hepatitisresourcecentre.com.au](http://www.hepatitisresourcecentre.com.au) or phone the office on **1300 301 383** for a copy.

**Thank you for your support**

#### MEMBERSHIP DETAILS

Your Name	
Organisation's Name and Position in Organisation <small>(For Organisational Membership)</small>	
Postal Address	
Telephone	Fax:
Email	

#### MEMBERSHIP FEES

All membership fees are FREE. Our membership year begins on 1 <sup>st</sup> July and finishes on the last day of June. To become a current member, please tick one membership boxe, below:	
Individual membership	<input type="checkbox"/>
Professional Membership (i.e. GPs, Medical specialists, Organisations)	<input type="checkbox"/>
Membership (please tick appropriate box)  One Year <input type="checkbox"/> Three Years <input type="checkbox"/> Five Years <input type="checkbox"/>	

#### DONATIONS

Donations are gratefully accepted by the Centre. Donations of \$2 and over are tax deductible.	
To make a donation, please indicate the amount:	\$

Donations in cash, cheque or money order are accepted – please make cheques payable to: <b>ACT Hepatitis Resource Centre Inc. – Membership</b>  Postal Address: ACT Hepatitis Resource Centre Inc. PO Box 50 WODEN ACT 2606  Our ABN is 29 484 028 048
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#### SIGNATURE

I apply for membership of the ACT Hepatitis Resource Centre Inc. I agree to my contact details being held by the Centre and used in accordance with the Centre's privacy policy. Under our Privacy Policy Statement, names and contact details are confidential.	
Signed:	Dated: