

DIALYSIS AND TRANSPLANT ASSOCIATION OF VICTORIA INC.

ABN: 40 628 284 998

Membership Subscription Renewal Form – Your Subscriptions are due NOW

Your Annual Membership Subscription to D.A.T.A. for the coming year becomes due on 1 July each year.

Subscriptions \$10.00 per family per annum.

Please renew my membership subscription to D.A.T.A., for the year _____

Name _____ Carer's Name (if applicable) _____

Address _____ Post Code _____

Telephone (Home) _____ Business _____ Mobile _____

Email _____

Occupation (optional) _____

Age group (optional) Under 18 18-24 25-34 35-44 45-54 55-64 65+

Hospital _____

I am Haemodialysis CAPD Professional Transplant Patient Other

I enclose my Cheque/Money Order (circle one) made payable to D.A.T.A. Inc. as follows:

\$10.00 per annum per family \$ _____ for year _____

Voluntary Donation to D.A.T.A. \$ _____

Special Effort Raffle Money \$ _____

Total \$ _____

Office Use Only
Date Rec: _____
Receipt No: _____

All Donations over \$2 are tax deductible

(Please tick if you need receipt for tax purposes
No receipt will be sent if box not ticked)

Or by Credit Card: VISA MASTERCARD

Card number:

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Expiry date:

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Card Verification Code:

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Amount: _____ Date: _____

Cardholders Name: _____

Signature: _____

Mail to: The Treasurer DATA Inc P.O. Box 165 Blackburn 3130

PRIVACY POLICY

All information supplied will not be used, sold or given to any other organisation or third party for any reason what so ever. IT IS FOR D.A.T.A. RECORDS ONLY.