DIALYSIS AND TRANSPLANT ASSOCIATION OF VICTORIA INC.
ABN: 40 628 284 998

New Members Subscription Form

Subscriptions $10.00 per family per annum.

Name _____ **Carer's Name (if applicable)** _____

Address _____ **Post Code** _____

Telephone (Home) _____ **Business** _____ **Mobile** _____

Email _____

Occupation (optional) _____

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

Hospital _____

Type of Treatment [Please tick one box]

o **End Stage Renal Failure (ESRF)** o **Haemodialysis** o **Peritoneal Dialysis** o **Transplant Patient**

o **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: ☐☐☐☐ **Card Verification Code:** ☐☐☐

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.