



## Application for Membership

Date of Membership Application:   /   /

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

### MEMBERSHIP FEES:

#### Full SMA Australia Membership Joining Fee

- \$50 for low income families (Copy of Healthcare card provided)
- \$75 for other families
- \$85 for organisations / self-help groups

*Please note that this is a joining fee and each year on 1 July you will have to renew your membership.*

#### Renewal Fee: (payable on 1 July each year)

- \$30 for low income families
- \$50 for other families / organisations

#### Friends of SMA Australia Membership

- \$40 per year

### ATTENTION ASSOCIATION PRESIDENT (AND COMMITTEE):

*Please tick all the boxes that you agree*

- I wish to become a member of the Spinal Muscular Atrophy Association of Australia Inc.
- I support the purposes of the Association
- I will comply with the rules of the Association

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please turn over...*



**Applications must be accompanied by a joining fee**

**PAYMENT DETAILS**

Your preferred payment option;

- 1. Cash
- 2. Cheque: Please make cheques payable to "SMA Australia".
- 3. Credit Card: Please tick card type:  Visa  Mastercard

Cardholder's Name: \_\_\_\_\_

Card Number:

Expiry Date:   /   CCV:

- 4. Bank Transfer: Please use your surname as the reference e.g. Smith  
**BSB:** 123 603    **Account Number:** 22385924    **Bank:** Bank of Queensland  
**Account Name:** SMA Australia Transaction Account

**PLEASE SEND TO:**

Spinal Muscular Atrophy Australia Inc.    Phone 03 9796 5744  
Unit 7, 16-28 Melverton Drive    Fax 03 8873 7787  
Hallam VIC 3803    Email reception@smaaustralia.org.au  
PO Box 5245, Hallam VIC 3803    Web www.smaaustralia.org.au  
ABN 82 885 991 569 A0047660D

**OTHER INFORMATION: (If applicable)**

Name of Person with SMA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Current Age: \_\_\_\_\_

Type of SMA: \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

- I am a:  Person Living with SMA     Parent/Guardian     Grandparent     Sibling
- Extended Family    Family Association: \_\_\_\_\_
- Organisation/Support Group: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Receipt	<input type="checkbox"/> MailChimp
<input type="checkbox"/> Database	<input type="checkbox"/> Pack
<input type="checkbox"/> Pasmе	<input type="checkbox"/> Xero



### **FULL SMA AUSTRALIA MEMBERSHIP BENEFITS:**

A full membership is designed for individuals with SMA or families who have children with SMA. It allows you to have access to our full support services which include:

- Eligibility to loan items from the equipment and resource library (some items may incur an annual fee).
- Receiving the latest information regarding treatments, care and research into Spinal Muscular Atrophy.
- Newsletter emailed monthly.
- Notification of all upcoming SMA Australia hosted events.
- Free or discounted entry to all SMA Australia hosted events.
- Opportunities to participate in volunteer activities .
- Regular access to certain volunteer training .
- Yearly Annual Report.
- Invitation to be a volunteer committee member.
- Invitation to attend and vote at the Annual General Meeting and Committee Meetings.
- Birthday Acknowledgement .

### **FRIENDS OF SMA AUSTRALIA MEMBERSHIP BENEFITS:**

A Friends' membership is for people who have a connection with SMA in some way. This could be a member of a bereaved family, a close relative, or just a friend. This membership entitles you to be involved with the charity without accessing support services delivered to full members. A Friend's membership includes:

- Newsletter emailed monthly.
- Notification of all upcoming SMA Australia hosted events.
- Free or discounted entry to all SMA Australia hosted events.
- Opportunities to participate in volunteer activities.
- Regular access to certain volunteer training.
- Yearly Annual Report.
- Invitation to be a volunteer committee member.
- Invitation to attend and vote at the Annual General Meeting and Committee Meetings.