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| **APPLICATION FOR 2021/22 MEMBERSHIP** |
|  | **TAX INVOICE**ABN 42 961 282 521GST Registered **New** **[ ]  Renewal** [ ]  |
| Title |       |
| First Name |       |
| Last Name |       |
| Address |       |
| Telephone |       |
| Email |       |
| To reduce the use of paper the HFWA Contact newsletter is delivered electronically.Please tick [ ]  if you would prefer to receive a printed copy via post. |
| PRIVACY:HFWA membership automatically entitles you to Haemophilia Foundation Australia (HFA) membership. HFWA respects member’s privacy. Your details will NOT be forwarded to other organisations, bodies, or persons without your permission. Please refer to the privacy statement on the HFWA website for details, <http://www.hfwa.org/> Please tick [ ]  if you do NOT want your details forwarded to HFA. |
| Please indicate: |  |
| [ ]  Person with bleeding disorder  |  |
| [ ]  Grandparents | [ ]  Parent of Child |
| [ ]  Nurse | [ ]  Doctor |
| [ ]  Other | [ ]  Special Interest |
| **Please return this membership form via email or to the address below:**[ ]  Individual [ ]  Family (includes immediate family members) - **Membership $25.00 (GST inclusive)**Extended family members need to take out their own membership.Membership fee can be waived in special circumstances – Please contact the HFWA office on 9420 7294. |
| I would like to make a donation of: |
| [ ]  $25 [ ]  $50 [ ]  $100 or $      ***Donations over $2.00 are tax deductible*** |
| [ ]  Direct Deposit | Acct Name: The Haemophilia Foundation of WA Inc.BSB: 086 488 Acct No: 035 233 031 Ref: *Please include your name e.g. John Smith* |
| [ ]  Credit Card | Pay securely via the Square Payment link [here](https://checkout.square.site/merchant/06461WB19EDA8/checkout/I24JAWX5MUG32PRVXKC65MRD) or by scanning the QR code. |  |
| [ ]  Cheque enclosed |  |

**Haemophilia Foundation of WA Inc.** **Haemophilia Foundation of WA Inc**.

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| **APPLICATION FOR 2021/2022 MEMBERSHIP****Family History** |
| Please list all family members to be included in HFWA membership. |
| **Name** |       | **Date of Birth** |       |
| Please indicate diagnosis details: |  |
| [ ]  Haemophilia A | [ ]  Haemophilia B |
| [ ]  von Willebrand Disorder | [ ]  Carrier |
| [ ]  Other Factor Deficiency | [ ]  No Bleeding Disorder |
| [ ]  Severe | [ ]  Moderate | [ ]  Mild | [ ]  vWD Type  |
| Relationship to Member: |       |
| **Name** |       | **Date of Birth** |       |
| Please indicate diagnosis details: |  |
| [ ]  Haemophilia A | [ ]  Haemophilia B |
| [ ]  von Willebrand Disorder | [ ]  Carrier |
| [ ]  Other Factor Deficiency | [ ]  No Bleeding Disorder |
| [ ]  Severe | [ ]  Moderate | [ ]  Mild | [ ]  vWD Type |
| Relationship to Member: |       |
| **Name** |       | **Date of Birth** |       |
| Please indicate diagnosis details: |  |
| [ ]  Haemophilia A | [ ]  Haemophilia B |
| [ ]  von Willebrand Disorder | [ ]  Carrier |
| [ ]  Other Factor Deficiency | [ ]  No Bleeding Disorder |
| [ ]  Severe | [ ]  Moderate | [ ]  Mild | [ ]  vWD Type |
| Relationship to Member: |       |
| **Name** |       | **Date of Birth** |       |
| Please indicate diagnosis details: |  |
| [ ]  Haemophilia A | [ ]  Haemophilia B |
| [ ]  von Willebrand Disorder | [ ]  Carrier |
| [ ]  Other Factor Deficiency | [ ]  No Bleeding Disorder |
| [ ]  Severe | [ ]  Moderate | [ ]  Mild | [ ]  vWD Type |
| Relationship to Member: |       |

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| **OFFICE****USE****ONLY** | RECEIVED | REC. NO. | ENTERED | HFA |
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