



Gift Membership Form

Membership Option	✓	Per Year (incl GST)	* Concession/Student No.
Adult Concession/Student		\$27.50	
Family Concession*		\$44.00	
Adult		\$49.50	
Family		\$60.50	

I would also like to make a donation of: \$ _____

Total Payment: \$ _____

PERSON/FAMILY RECEIVING GIFT MEMBERSHIP

Title: _____ First Name: _____ Surname: _____

Recipient has arthritis. Type (if known): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile _____

Email: _____ D.O.B: _____

Family Member Names & DOBs (if giving a family membership): _____

PERSON PAYING FOR GIFT MEMBERSHIP

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile _____

Email: _____ D.O.B: _____

**DON'T FORGET YOUR PAYMENT
INFORMATION ON THE NEXT PAGE!**



Payment Options

1. Credit Card	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard
Card No:	-----			
Expiry Date:	__ / __			
CVC	___			
Name on Card:	_____			
Signature:	_____			
2. Direct deposit into our account				
BSB:	032 000			
Account No:	726406			
Account Name:	Arthritis NSW			
Ref:	<i>(Please include your name and Member No. if you are currently a member)</i>			
3. By cheque: Payable to Arthritis NSW and mailed to Locked Bag 2216, North Ryde NSW 1670				

Thank you for giving the gift of ***Freedom from Arthritis!***