HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

I, (Mr / Mrs / Miss / Ms / Dr / Prof.) **First Name**:_________________ **Surname**:__________________

Your preferred name: ____

Postal Address: ____

Suburb: _________________________ Post Code: ___________________

E-mail address:___________________________________ Mobile number:___________

Phone number:___________________________________ Fax number:_____________

hereby apply to become a member of the Chronic Pain Association of Australia. If I am admitted as a Health Professional member, I agree to be bound by the rules of the association for the time being in force.

Payment of Membership Fees

Health Professional $100 Receipt Required New Member Membership Renewal

I would also like to make a tax deductible* donation of $_____________

Payment Options

Cheque or Money Order (Payable to Chronic Pain Australia) **PLEASE attach payment to this form**

Direct Deposit / Electronic Fund Transfer (date deposit was made ____/____/____)

BSB 633 000 A/C 1299 19007 Chronic Pain Association of Australia

COMING SOON – Credit Card Payment Option (SORRY, not available just yet…)

Please complete this form and return to P.O.Box 250, Thornleigh, NSW, 2120.

Additional Information

I research chronic pain I care for a person with chronic pain

I provide services for people living with chronic pain I live with chronic pain

I am a family member of a person who lives with pain

Privacy: Chronic Pain Australia (Chronic Pain Association of Australia) collects and uses your personal information to provide you with information about chronic pain and chronic pain management. We also use your personal information to compile statistics which assist us to understand chronic pain and it's incidence and impact better. The information used for statistics is de-identified.

Consent: I agree that my personal information can be used by Chronic Pain Australia (Chronic Pain Association of Australia) for the above purpose.

Signature:_____________________________ Dated this __________ day of ____________ 20_____

**Donations of $2.00 and over to the Chronic Pain Association of Australia are tax deductible.*

The Chronic Pain Association of Australia ABN 20 870 423 944
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Deductible Gift Recipient Income Tax Exempt - Non-Profit Association
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