



scleroderma queensland

The Scleroderma Assoc of QLD Inc - 54 Avocado Lane, Maleny 4552 QLD Ph 0468 801 021

2024 - 2025 Financial Year

Title..... Surname..... Given Names.....
 Address..... Post Code.....
 Email..... Ph.....
 Date of Birth..... Would you prefer correspondence posted or emailed?.....

Do you have Scleroderma?.....
 Do you have Sjogren's?..... Do you have Raynaud's Phenomenon?.....
 Do you have any other autoimmune disease? If yes please state.....
 How did you learn about the QLD Association?.....

Annual Membership – Partner Included	Fee \$30	Amt.....
Annual Membership - Student Concession	Fee \$15	Amt.....
Annual Membership - Family/Friends/Carers	Fee \$10	Amt.....
Donation (Donations are tax deductible)		Amt.....
Total		Total Payable.....

Bank Transfer BSB: 638 070 Acc: 727 1069 Use your name as reference

Please email form to info@scleroderma.org.au or Post to **54 Avocado Lane, Maleny 4552 QLD**

Signature..... Date.....

Declaration of Privacy – The Scleroderma Assoc of QLD Inc. acknowledges and respects the privacy of individuals. This information is being collected for the purpose of processing your application, keeping you informed of upcoming events, information and support programs and assisting us to improve our services. You have a right of access to, and alteration of, your personal information in accordance with the ACT. Please direct enquiries to The Secretary at info@scleroderma.org.au or phone 0468 801 021