

Return with payment to:  
**The Scleroderma Association of Qld. Inc.**  
**PO Box 316, Salisbury QLD 4107**  
Or email to: **scleroqld@gmail.com**

Membership year is 1st July - 30th June each year.

Title  
Surname  
Given Names  
Address  
Telephone No.  
Email  
Date of Birth

Do you have Scleroderma?    Yes    No    If no, do you know someone that has Scleroderma?   

Do you have Sjogrens or Raynauld's Phenomenon?    Yes    No    If yes, please state.   

Would you prefer to receive correspondence by post rather than email?    Yes    No

Do you have any other autoimmune disease?   

How did you learn about the QLD Association?   

**Membership options (Discount offered for the 2020/2021 year due to Covid)**

Membership renewal - individual	\$25.00 \$20.00	\$	<input type="text"/>
Membership renewal - family	\$30.00 \$25.00	\$	<input type="text"/>
New membership - individual / family	\$30.00 \$25.00	\$	<input type="text"/>
Donation for research (\$5.00 or more, tax deductible)		\$	<input type="text"/>
Donation for administration expenses		\$	<input type="text"/>
<b>Total payable</b>		<b>\$</b>	<input type="text"/>

**Pay by mail:**

Please attach cheque or money order, payable to Scleroderma Assn. Of Qld Inc

**Pay electronically:**

Scleroderma Association of QLD  
BSB: 638-070  
Account: 7271069  
Ref: Your Name

Name of additional family member:  
(Must reside at same address)   

Signature        Date   

Declaration of privacy: The Scleroderma Association of Queensland 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 0438 555 015.