

Incorporation No.A0017798A ABN 45 674 166 348

Return with payment to:

**The Secretary**  
**Scleroderma Victoria Inc.**  
**PO Box 57, Melton VIC 3337**Or email to: [enq@sclerodermavictoria.com.au](mailto:enq@sclerodermavictoria.com.au)

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

Title

Surname

Given Names

Address

Telephone No.

Email

Date of Birth

  
  
  
  
  
  

How did you learn about the Scleroderma Victoria?

Communications from Scleroderma Victoria will be sent electronically. Please select opt out if you would like your information provided by post/mail.

Scleroderma Victoria 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.

Membership:     New         Renewal

Annual Fee

Donation to Scleroderma Victoria

Donation to Kerry McDonald Memorial Equipment Fund

Donation to Scleroderma Australia

**Total payable**

Concession Card #

Donations of \$2 and over are tax deductible, please tick if you require a receipt

Credit Card details:     Visa         Mastercard

Card Number:

Expiry Date:

Cardholders Name:

Signature:

CSV:

I, being the applicant named on this application for membership, hereby apply to become a member of Scleroderma Victoria Incorporated. In the event of my admission as a member I agree to be bound by the rules of the association in force at the time.

Signature

Date