



Goals of the Association:

- To provide accurate and timely information about Marfan syndrome to those affected by this genetic disorder, their families, friends, health professionals and other interested people
- To provide support and opportunities to share experiences and improve medical care
- To promote Marfan awareness within the community
- To support and foster research

Marfan Association Victoria, Inc.
P.O. 477
Belmont Vic 3216

PH: 1 300 691 164
info@marfanvic.org.au
www.marfanvic.org.au

Membership Form

Please tick one: **New Membership Application** or **Membership Renewal**

Membership- Please tick one:

Ordinary Member: Receives info pack on becoming a new member and regular newsletters.

Ordinary members may sign up for Individual Membership or Family Membership:

Individual Membership \$20 – for an individual 18 years +. One name on membership form, eligible for one set of yearly publications and one vote at meetings.

Name: _____ Phone: _____

Address: _____ State: _____ Postcode: _____

Email: _____

Family Membership \$35 – for two adults and directly related children residing at one address. On membership form include the name of the person under whose name the family is to be registered, the name of partner, if applicable, and names and DOB of children (e.g. Damian 24/5/2000). A family membership is eligible for one set of yearly publications and at meetings a family membership has one vote.

Name: _____ Phone: _____

Address: _____ State: _____ Postcode: _____

Email: _____

Name of Partner, if applicable: _____

Name(s) of Children and DOB, if applicable: _____

Relationship to Marfan syndrome- Please tick all that apply:

Self Affected

Family Member Affected; relationship to you: _____

Other: _____

Contact Status- Please tick all that apply:

I am happy to be contacted by other members of the association about my experience with Marfan syndrome.

I am happy to be contacted by local media for interview about my experience with Marfan syndrome.

Please Turn Over



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Payment Details:

_____ **Membership Dues (\$20 Individual or \$35 Family)**

_____ **Donation, if desired**

_____ **Total Amount Paid**

Payment options- Please tick one:

_____ **Cheque or money order-** Payable to: Marfan Association Victoria Inc.
Post to PO Box 477, Belmont VIC 3216

_____ **Direct Deposit-** National Australia Bank, BSB# 083-472 Account # 688 964 560
IT IS VITAL TO INCLUDE YOUR NAME and MEMBERSHIP or MEMBERSHIP + DONATION in the memo for direct deposits to receive a receipt.

Signature: _____ **Date:** _____

Please return this form by post to: PO Box 477, Belmont VIC 3216 or email: info@marfanvic.org.au

Memberships are for the financial year: from 1 July to 30 June of the following year.

Comments or Questions: _____

We hold your Personal Information in both paper and electronic form. We take reasonable steps to protect your Personal Information we hold from misuse, interference and loss. We also take reasonable steps to protect your Personal Information from unauthorized access, modification or disclosure.