

CHRONIC ILLNESS ALLIANCE INC.

NEW MEMBERS FORM

July 2009 - June 2010

MEMBERSHIP INFORMATION

There are two kinds of membership:

1. Voting Members

Voting members are organisations who agree to accept the aims and objectives of the Chronic Illness Alliance Inc.

2. Associate Members

Associate membership is open to any organisation or individual who has an interest in chronic illness issues.

Please ✓ one only.

Organisational Voting Member

Individual Associate Member

Organisational Associate Member

ORGANISATION/INDIVIDUAL:

ADDRESS: _____

_____ Postcode: _____

PH: _____ **FAX:** _____

Email: _____

Name of Organisational Representative

WEBSITE DETAILS

All organisational members are invited to have their website details included on the community directory page of the Chronic Illness Alliance's website at www.chronicillness.org.au. In the space provided below, please provide a brief outline of the work of your organisation and contact details so that your organisation can be included in the directory. If you have a website, a hyperlink will be installed to give website users a direct link to your organisation.

Brief Outline of Organisation

.....
.....
.....
.....
.....
.....

Contact Details

Name of

Contact:.....

Phone Number:.....

Email address:.....

Web Address:.....

ABN: 73 873 126 132

MEMBERSHIP FEES

Membership fees are based on the organisation's level of income or your individual income. Please tick the correct amount.

<u>Income p.a.</u>	<u>Fee</u>	
<u>INDIVIDUALS</u>		
Under \$10,000	\$5.50	<input type="checkbox"/>
Over \$10,000	\$22.00	<input type="checkbox"/>
<u>ORGANISATIONS</u>		
Under \$10,000	\$22.00	<input type="checkbox"/>
\$10,001-\$150,000	\$33.00	<input type="checkbox"/>
\$150,001-\$350,000	\$77.00	<input type="checkbox"/>
\$350,001-\$1 million	\$165.00	<input type="checkbox"/>
\$1 million plus	\$330.00	<input type="checkbox"/>

(All fees include GST)

I/We enclose a cheque/money order made **payable to the Chronic Illness Alliance Inc.** for the following amount \$ _____

Signed: _____ Date: _____

Chronic Illness Alliance Inc.
818 Burke Road
Camberwell VIC 3124

☎ (03) 9882 4654 Fax: (03) 9882 7159

**PLEASE RETURN THESE PAGES
ALONG WITH YOUR CHEQUE BY
30 JUNE 2010
[Receipts will be sent on request]**