

Crohn's & Colitis Australia™ (CCA)
Membership Renewal Form: 2009 - 2010

Please complete all the details below:

Name: _____ Email: _____

Address: _____

Phone: _____ Mobile: _____

If you would like information on becoming a volunteer, please tick this box

SECTION 1: ANNUAL MEMBERSHIP FEES: (includes GST)

Standard Membership: \$38
Students/Pensioners: \$21.50 Student/Pensioner Number _____
Health Professional \$49

SECTION 2: DONATION: (Donations over \$2 are tax deductible, no GST on donations)

\$25 \$50 \$150 \$250 \$500 Other amount \$ _____

SECTION 4: PAYMENT METHOD:

Grand Total: \$ _____

Please make cheques/money order payable to CCA. OR please charge my:

Visa Mastercard Number _____ - _____ - _____ - _____

Expiry Date ____ / ____ Cardholder's Name: _____

Cardholder's signature _____

Mail to: CCA, PO Box 2160, Hawthorn, VIC 3122 **Or fax:** (03) 9815 1299 (credit card payments only)

Or contact CCA to discuss payment methods on (03) 9815 1266
(Members experiencing financial difficulties, please contact us to discuss arrangements)

Receipts:

All renewed memberships and donations will automatically be mailed a receipt for taxation purposes.

Fees:

The Association strives to keep membership fees as low as possible. However, for the first time in ten years we find the need to slightly increase the fees to help cover some of our operating costs and to maintain the service that you have come to recognise.

Privacy Security:

All information collected by CCA is only used to assist the organisation in achieving its objectives. Information that could identify any individual will not be released or disclosed to any persons or organisations without your consent, unless required by law.

Please ignore this notice if you have renewed within the last ten days.