



Marfan ASSOCIATION
QUEENSLAND
PO Box 294
Sumner Park QLD
AUSTRALIA 4074
maq@qld.chariot.net.au

MEMBERSHIP FORM

Name:.....

Address:.....

.....P'Code.....

Phone: Home.....Work:.....

Email.....

If membership is professional – please indicate specialty
.....

Please indicate numbers and ages of those with MFS in your family:

Number.....Ages.....

Membership \$22.00 per annum \$.....

Optional Donation (tax deductible) \$.....

Total amount enclosed \$.....

Cheque payable to: Marfan Association Queensland? **Cash?**
Other?.....

Thank you and please return this membership form to the above address no matter which payment choice you make.

Date / / **Signature**.....

PTO..

To fulfil one of the aims of the Association, it is important that members are able to make contact with each other for support and sharing information. Are you willing for your details to be made available to other members? If yes, please indicate the preferred way to contact you. Please tick whichever items may apply.

Yes?..... Name?..... Address?.....Phone?.....

Email?.....No?..... Not Yet?.....

Date...../...../..... Signature.....