membership application form

ausDoCC
australian disorders of the corpus callosum
ABN. 54 754 767 674

MEMBER DETAILS			
Title		First name	
Last name			
Home address			
	State:		Postcode:
Home phone	( )	Mobile	
Email			

Interest in joining:

❒ Individual with a Disorder of the Corpus Callosum
❒ Parent or family carer of a child or adult with a DCC
❒ Professional working with people affected by a DCC
❒ Person or organisation interested in a DCC

MEMBERSHIP OPTION (PLEASE TICK ONE)

❒ **Adult Membership $20**
For all people over 18 wishing to be part of our organisation.

❒ **Professional Membership $120**
For professionals or organisations with an interest in the work of AusDocc. Professional Members will have limited access to family forums.

FAMILY DETAILS	
Child 1 or adult with a DCC	
First name	
Last name	
Date of birth	
Gender	
Condition	❒ Full ACC ❒ Partial ACC ❒ Thin corpus callosum ❒ Other:
Is DCC associated with other conditions	❒ Yes ❒ No *Details:*
Child 2 or adult with a DCC	
First name	
Last name	
Date of birth	
Gender	
Condition	❒ Full ACC ❒ Partial ACC ❒ Thin corpus callosum ❒ Other:
Is DCC associated with other conditions	❒ Yes ❒ No *Details:*

Please list any other siblings or information about family on another sheet.

membership application form

ausDoCC
australian disorders of the corpus callosum
ABN. 54 754 767 674

DECLARATION

I desire to become a member of ausDocc Inc. I agree to support the purposes and rules of ausDocc and accept the terms and conditions of application for membership as detailed on the Association website www.ausdocc.org.au. I declare that all the information given on this form is true and correct.

Name	
Signature	Date:

OPTIONAL DONATION (All donations over $2 are tax-deductible)

❒ Yes, I want to help ausDocc Inc. to support those affected by Disorders of the Corpus Callosum

Donation amount: ❒ $25 ❒ $50 ❒ $100 ❒ Other amount $ .....

All donations are tax deductible

METHOD OF PAYMENT

❒ **Cheque or Money Order** – *please attach your cheque or money to this completed form*

❒ **Direct Bank Deposit**
BSB: 013257 **Account Number:** 378800587 **Account Name:** AUSDOCC INC.
Please put your full name as a reference.

❒ **Credit Card** – *please charge my (please tick):*
❍ Visa ❍ Mastercard

Card number																
CVC/CVV number																
Name on card																
Amount to be charged $									Expiry date							
Signature																

CONTACT AND PRIVACY

The information collected in this form is for the use of ausDocc Inc. and affiliated branches only. Information is confidential and will not be shared with any third party without prior consent. The *Privacy Act 1988* allows applicants to access and amend their personal information at any time.

From time to time ausDocc Inc. uses email to share relevant resources and newsletters with our members, as well as sending information about upcoming events and fundraising opportunities.

❒ Please tick here if you DO NOT wish to receive email from ausDoCC Inc.
❒ Please tick here if you are willing to be on a contact list for families of DCC.

Applications can also be made on our website: www.ausdocc.org.au

When complete, post this form to PO Box 533 Altona Vic 3018.

Once your membership has been approved you will receive confirmation by post with your membership pack. Please do not hesitate to contact us if you have any questions or concerns.

Thank you for applying for membership with ausDocc and supporting our work.