



Membership Application Form

Limbs 4 Life Incorporated

ABN: 25 116 424 461

ARBN: 612 322 160

Applicant Information	
Name:	
Address:	
	Suburb: _____ State: _____ Postcode: _____
Phone Numbers:	
Email:	
Organisation (if applicable)	

Membership Category
<p>There are four categories of Limbs 4 Life membership. All members, regardless of category, will have voting rights at Annual General Meetings and Extraordinary Meetings. Membership for amputees is free, while other categories incur an annual fee.</p>
<p>Amputee Members (free membership):</p> <p><input type="checkbox"/> Individual living with an amputation or limb difference (please indicate cause and site of amputation below)</p> <p>Reason for Amputation:</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Trauma <input type="checkbox"/> Vascular Disease <input type="checkbox"/> Infection <input type="checkbox"/> Congenital difference <input type="checkbox"/> Other:</p> <p>Site of Amputation:</p> <p>Lower Extremity: <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Hip disarticulation <input type="checkbox"/> Foot/Symes <input type="checkbox"/> Partial Foot <input type="checkbox"/> Toe/s <input type="checkbox"/> Bi-lateral</p> <p>Upper Extremity <input type="checkbox"/> Below Elbow <input type="checkbox"/> Above Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Partial hand <input type="checkbox"/> Finger/s <input type="checkbox"/> Bilateral</p>
<p>Individual Members (\$5 per year Ex. GST):</p> <p><input type="checkbox"/> Individual Family or Friend of an Amputee <input type="checkbox"/> Individual Non-Amputee</p> <p>Reason for joining Limbs 4 Life:</p> <p><input type="checkbox"/> Please tick this box if you are experiencing financial hardship and require the membership fee to be waived</p>
<p>Professional Members (\$35 per year Ex. GST):</p> <p><input type="checkbox"/> Professional worker (eg. health or welfare professional assisting amputees)</p> <p>Reason for joining Limbs 4 Life:</p>
<p>Organisational Members (\$50 per year Ex. GST):</p> <p><input type="checkbox"/> Organisation (eg. healthcare or corporate organisations with an interest in Limbs 4 Life)</p> <p>Reason for joining Limbs 4 Life:</p>

Signed:

Date:

**Membership payments can be made via cheque/money order or electronic funds transfer/bank deposit:
Payment:**

Cheque / Money Order:

Limbs 4 Life Inc.
PO Box 282, Doncaster Heights, Victoria 3109

EFT/Bank Deposit:

Limbs 4 Life Everyday Account (Westpac)
BSB: 033 389
Account: 182463

Limbs 4 Life Incorporated (ABN 25 116 442 461) is collecting your personal information [contained in this form] in order to join you as a member] and for the other purposes described in our Privacy Policy, available at www.limbs4life.org.au/privacy.html

Our Privacy Policy describes how we collect, use and disclose information. It also contains information about the countries outside Australia to which information may be disclosed, how you can access or seek to correct your personal information, how you can complain about a breach of the Australian Privacy Principles and how we will handle a complaint. If you do not provide certain information, we may not be able to consider and respond to your request.

Office Use Only

Date Accepted/Declined:

Membership Register:

:

Making a real
difference together

Limbs 4 Life INC.
ABN 25 116 424 461
ARBN 613 322 160

PO Box 282
Doncaster Heights
VIC 3109

P 1300 78 2231
E info@limbs4life.org.au
W limbs4life.org.au

