

## APPLICATION FOR MEMBERSHIP

Section A - Personal Information			
Title (Mr./Mrs./Miss/Ms.):		Date of birth:	
Full Name:			
Address:			
Town/ Suburb		Postcode:	
Phone:	(H)	(W)	(Mobile)
Email:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Section B – Types of Membership and Fees <i>(Please tick the type of membership for which you are applying)</i>	
<input type="checkbox"/>	<b>Ordinary member:</b> Annual subscription fee \$15, concession \$10*
Any individual not less than 18 years of age at the date of the application may apply for ordinary membership of the Company. Please complete section C	
<input type="checkbox"/>	<b>Junior Ordinary member:</b> Annual subscription fee \$15, concession \$10*
To be eligible you must be less than 18 years of age at the date of application, and you must have a primary disability that is due to an acquired spinal cord injury, either by accident or disease (which includes a person who has had polio). Please complete section C.	
<input type="checkbox"/>	<b>Life member:</b> (One-off subscription fee, \$500)
<b>Annual membership is renewable by 30 June each year</b> <i>*Concession rates are available to anyone who is in receipt of a Commonwealth Government pension card.</i> <b>Public liability insurance</b> <i>Spinal Life Australia Ltd has public liability insurance of \$30,000,000.</i>	

Section C – Personal and Health Information			
Injury			
Spinal Cord Injury Level:	ASIA classification:	Date of injury:	Place of injury (Town/City):
Injury Cause			
<input type="checkbox"/> Work	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Fall	<input type="checkbox"/> Water Accident
<input type="checkbox"/> Crush	<input type="checkbox"/> Motor Bike	<input type="checkbox"/> Post-Surgery	<input type="checkbox"/> Other - specify: _____
<input type="checkbox"/> Disease Related	<input type="checkbox"/> Diving	<input type="checkbox"/> Sport	
Other Types Disabilities			
<input type="checkbox"/> Post-Polio	<input type="checkbox"/> Friedreich's Ataxia	<input type="checkbox"/> Muscular Atrophy	
<input type="checkbox"/> Transverse Myelitis	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Muscular Dystrophy	
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Motor Neuron Disease	<input type="checkbox"/> Spina Bifida	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Other – Specify: _____	

**Employment**

Employed
                 
  Unemployed (seeking employment)
                 
  Not looking for work
                 
  Retired

Previous/ current Profession (Trade / Skill):

Hobbies or interests:

\_\_\_\_\_

**Section D –Privacy Notice and Consent for collection, use and disclosure**

*By signing this application to become a member, you authorise and consent to Spinal Life Australia Ltd to collect, use and disclose personal information for the purposes provided for under this agreement and privacy notice. Personal information collected on this form will be retained and used for processing and delivering Spinal Life Australia Ltd membership applications for services, programs and normal business practices. It may also be used for other purposes including keeping you informed about the organisation’s activities, events, member networks, distributing publications and providing you with information about things we think may be of interest to you. Without this information, we may be unable to provide the member services and programs as intended. De-identified personal and health information may be used for research and statistical purposes for planning services by the organisation or distributed to third parties, such as government agencies or other agencies with an interest in the research. Be assured that this type of data is always de-identified. Personal information will not be disclosed to third parties without consent or in accordance with the law. We take steps to protect all personal, sensitive and health information held against misuse, interference, loss, unauthorised access, modification and disclosure. Credit card details are not stored. You can access the personal information that we hold about you, and you can ask us to correct the personal information we hold about you. If you are listed on one or more of our network email lists you can opt out at any time. You can unsubscribe by using the ‘unsubscribe’ options noted in our emails. This form must be signed by, or at the direction of the applicant (representative, guardian, advocate).*

**How to contact us**

Individuals can obtain further information or provide any comments in relation to this privacy notice, by accessing the Privacy and Confidentiality Policy through our website, or contacting Spinal Life Australia:

**Website** – Contact us, or Feedback sections: <http://www.spinal.com.au/>

**Privacy Officer** – [privacy@spinal.com.au](mailto:privacy@spinal.com.au)

**Address** - 109 Logan Rd, WOOLLOONGABBA QLD 4102. PO BOX 5651 WEST END QLD 4101

**Ph:** 07 3391 2044, **Fax:** 07 3391 2088, **Free call:** 1300 774 625, **member enquiries email** [members@spinal.com.au](mailto:members@spinal.com.au)

**Applicant Signature:**

**Date:**

*If signed by parent/guardian, representative/advocate print name*

**Name:**

**Relationship:**

**METHOD OF PAYMENT**

Cheque (payable to “Spinal Life Australia Ltd”)

Money order

Visa

MasterCard

**Transaction processed (office Use):** \_\_\_\_\_ / /

Credit Card Number:		Expiry Date:	
Card Holder’s Name:		CCV *	
Amount Payable:		* 3 digit code found on back of credit card	
Cardholder Signature:			