



TheCoeliacSociety

The Coeliac Society of Tasmania Inc

C/- P.O. Box 89

HOLMESGLEN VIC 3148

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www.tas.coeliacsociety.com.au

ABN 88 516 607 744

Your membership enquiry is very welcome - an application form is on pages 2-4.

The Coeliac Society of Tasmania is a not for profit, charitable organisation seeking to enhance the quality of life and promote good health to all people medically diagnosed to follow a gluten free diet.

New members receive a **Great Start Kit** containing essential information about gluten free living and samples of gluten free products. You will receive The Australian Coeliac magazine and the Tasmanian Newsletter quarterly, ensuring you are kept up to date with the latest information, research and gluten free stockists.

Please refer to your application form for current pricing details.

Upon receipt of payment, completed membership form and letter from a registered medical practitioner, your **Great Start Kit** with samples will be mailed to you.

As our membership has grown considerably, to enable us to continue to provide our members with an efficient service, our state committee has joined forces with The Coeliac Society of Victoria. You will in fact be a member of The Coeliac Society of Tasmania Inc., however, **Great Start Kits**, magazines and information will be dispatched from Victoria. Our members will also have access to the Victorian support centre, where telephones are manned Mondays to Fridays from 10 am to 3 pm on 1300 458 836 if calling from within Tasmania.

We look forward to receiving your membership and welcoming you to the Coeliac Society of Tasmania. In the meantime, if we can be of any assistance, please contact the support centre on the above number, Monday to Thursday from 10am to 3pm.

Yours sincerely,

The Coeliac Society of Tasmania Inc.

Enc.



TheCoeliacSociety
of Tasmania

ABN 75 785 779 882
C/- PO Box 89
HOLMESGLEN VIC 3148
9-11 Barlyn Road
MT WAVERLEY VIC 3149
Phone: 03 9808 5566
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Office Use Only

Member ID:.....
Date:
Receipt No:

Application for Membership Coeliac Society of Tasmania

If you are over 18 years and completing this form, **please complete sections A and C**
If the person diagnosed is under 18 years or being cared for, **please complete sections A, B and C**

SECTION A: Details of person diagnosed

Mr/Mrs/Miss/Ms/Dr (please circle) First Name:.....Surname:.....

Postal Address:

.....State:.....Post Code:.....

Residential Address: (if different from above)

.....State:.....Post Code:.....

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

Mobile:.....Email:.....

Date of Birth:...../...../..... Gender: Male Female

Occupation:

Diagnosis: Coeliac Disease Dermatitis Herpetiformis Gluten Intolerance*

*Gluten intolerance – A person who does not have CD or DH but is diagnosed as requiring a gluten free diet by a registered medical practitioner

SECTION B: Details of parent or guardian (To be completed if person diagnosed is under 18 years or being cared for)

Relationship to person named in Section A Parent/Guardian Carer

Mr/Mrs/Miss/Ms/Dr (please circle) First Name:.....Surname:.....

Postal Address (If different to address provided above – this address will be used for all billing correspondence)

.....

.....State:.....Post Code:.....

Work Phone:.....Mobile:.....

Email:.....Occupation:.....

Date of Birth:...../...../..... Gender: Male Female

Please Note: Your application for membership must be supported by a registered medical practitioner.

Your doctor may sign below or you may attach a letter confirming the diagnosis

I, confirm that the above named individual requires a gluten free diet due to the diagnosis indicated in Section A.

Doctor's Signature: Date:

Provider Number:

Practice Name & Address:

Gastroenterologist GP

Description	Price	Total
New Membership (full rate) – Covers Joining Fee, Great Start Kit plus five (5) issues of The Australian Coeliac Magazine – June, Sept & Dec 2010, March & June 2011. (calendar year subs)	\$97.00	\$
OR (concession rate) Centrelink Card No. _____ Valid until Date: _____	\$80.00	\$
PLEASE ALSO ADD THE FOLLOWING ITEMS**	Qty	
Ingredient List 8 th Edition – extra copy		\$7.50 \$
Gluten Free Travel Guide		\$15.95 \$
Living Gluten Free for Dummies		\$28.95 \$
Coeliac Society Recipe Book – extra copy		\$15.00 \$
Coeliac Society Handbook – extra copy		\$10.00 \$
Toast a bags (pack of two)		\$14.00 \$
What's Cooking (recipes for kids)		\$13.75 \$
Amy Can't Eat Gluten (story book)		\$6.60 \$
Cassie The Croc has Coeliac Disease (story book)		\$10.00 \$
	Total:	\$

****Note: Items ordered with New Membership do not incur extra postage charges.**

PAYMENT DETAILS & APPLICATION CHECKLIST

- Application Form
- Confirmation of diagnosis from a registered medical practitioner
- Payment (below)

Payment options

- Cheque or money order payable to 'The Coeliac Society of Victoria Inc
- Credit card:

Visa Mastercard Authorised Amount:

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____/____

CCV No. _____ (last 3 digits on signature panel)

Cardholder Name.....Signature.....

The Coeliac Society is here to inform, understand and support you with your gluten free lifestyle.

We are happy to offer assistance at all times.

Please don't hesitate to contact us with any queries.

***Prices valid until 15 December 2010**

SECTION C: QUESTIONNAIRE

Please provide information about the person diagnosed with coeliac disease, dermatitis herpetiformis or gluten intolerance

1. Name:
2. Age diagnosed?(years)
3. Please indicate which diagnostic tests were performed:
 - Small bowel biopsy (by endoscopy/gastroscopy)
 - Blood Screening Test
 - Skin Biopsy (for Dermatitis Herpetiformis)
 - Coeliac Genetic Testing (HLA Genes)
 - Other testing:
4. Were any of the following related symptoms experienced prior to diagnosis?
 - Abdominal Distension/Bloating
 - Diarrhoea
 - Constipation
 - Vomiting and/or Nausea
 - Weight loss
 - Infertility
 - Iron Deficiency Anaemia
 - No symptoms (asymptomatic)
5. At the time of diagnosis, were any of the following conditions, thought to be associated with coeliac disease, present?
 - Type 1 (Juvenile onset) diabetes
 - Turner's syndrome
 - IgA deficiency
 - Osteoporosis or Osteopaenia
 - Sjogren's syndrome
 - Down's syndrome
 - Autoimmune Thyroid Condition
 - Rheumatoid Arthritis
 - Small bowel lymphoma
 - Lactose Intolerance
6. Period of feeling unwell prior to diagnosis?
 - Not unwell
 - < 6months
 - 6 – 12months
 - 12 – 24months
 - > 24months
7. Is there is a family history of coeliac disease? Yes No
8. How did you find out about The Coeliac Society?
 - Doctor
 - Dietitian
 - Website
 - Friend or family member
 - Other
9. What prompted you to join The Coeliac Society? (you may select more than one)
 - Instruction from Doctor
 - To receive new member pack
 - To receive The Australian Coeliac magazine
 - To receive the Ingredient List Booklet
 - For access to member support and events
 - To receive the Coles Discount Card
 - Other

State Privacy Statement

The Coeliac Society of Tasmania collects and uses your personal information to provide you with information about coeliac disease, products for a gluten free diet and research. We use de-identified personal information to compile statistics which assist us to understand coeliac disease better. We will only disclose your contact information to our mailing house and other relevant contractors with whom we have a Privacy Agreement.

I hereby apply to become a member of the abovenamed incorporated association. If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force. I acknowledge that, along with regular Society information, I may receive information and advertisements from manufacturers of products suitable for use in a gluten free diet and research.

Signature: Date: .. / .. / ..
(signed by person over the age of 18 years)