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The Coeliac Society

of Tasmania Inc.

Application for Professional Membership

Tick Applicable:

| | | |
|---|---|---|
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Alternative Health | <input type="checkbox"/> Caterer/Restaurant |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Medical Specialist | <input type="checkbox"/> Other _____ |

Title: Dr, Prof, Mr, Mrs, Ms, Miss, Other: _____

Full Name: _____

Organisation/Company: _____

ABN: _____

Address: _____

Suburb: _____ **Postcode:** _____

Email Address: _____

Telephone: _____ **Fax:** _____

Professional Membership Includes:

Magazine Subscription, Handbook, Ingredient List and Information relevant to your industry/area of expertise.

About the fees: The subscription year runs from 1st July to 30th June each year.

The cost for the first year is \$94.00.

This includes Joining Fee of \$51.00 and the Annual Subscription Fee of \$43.00

Notes:

1. Applications received during June to December will be charged for 4 issues with back copies of the magazines issued – magazines are sent out in September, December, March and June.
2. Applications received during January to May will be charged for 6 issues - \$114.00 – receiving March, June, September, December and March and June of the following financial year.

Payment Details:

Please find enclosed cheque/money order for _____

Or

Please charge credit card account type: MasterCard/Visa (please circle)

Authorised Amount \$ _____

Card Number: _____

Expiry Date ___/___ *CCV No. ___ ___ ___ (the last 3 numbers which appear on the signature panel)

Cardholder's Name: _____ Cardholder's Signature: _____

Collection Statement

The Coeliac Society of Victoria collects and uses your personal information as a requirement of membership and statistical information for such things as funding and grants. Our Privacy Statement advises you how we usually collect and disclose your personal information and how you can ask for access to it. Our Privacy Statement is available on www.vic.coeliacsociety.com.au or by phoning (03) 9808 5566.

I _____, (please print name in block letters) agree that personal information can be used or disclosed by the Coeliac Society of Victoria Inc, as contemplated by this form as per the Privacy Policy Guidelines.

..... (Signature)