



TheCoeliacSociety

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ABN: 75 785 779 882

PROFESSIONAL MEMBERSHIP

Thank you for your recent enquiry regarding Professional Membership to The Coeliac Society of Victoria.

Our mission is to provide support and information services to people with coeliac disease including support groups, gluten free food choices, label reading classes, information forums and research updates.

Your Professional Membership entitles you to a New Member Starter Kit which includes a handbook outlining coeliac disease and its manageability, a detailed ingredient booklet, recipe book and any other brochures and flyers relevant to your industry as well as a subscription to our national magazine and State newsletter.

As a professional member you will be kept up to date with any changes to food product laws, ingredient and product availability, new products and recipes via our quarterly publications and website. We can supply posters and pamphlets for your industry use and we will always be here to support and guide you on gluten free diet information.

Please find attached membership/subscription application form.

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The Coeliac Society

of Victoria Inc.
ABN: 75 785 779 882

This is a Tax Invoice

Application Form - Professional Membership

Please tick applicable field:

General Practitioner
Manufacturer
Educator

Dietitian/Nutritionist
Alternative Health
Medical Specialist

Retailer
Caterer/Restaurant
Other _____

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

Full Name: _____

Organisation/Company: _____

ABN: _____

Address: _____

Suburb: _____ **Postcode:** _____

Email Address: _____

Telephone: _____ **Fax:** _____

\$100 Professional Membership Includes: Magazine Subscription, Newsletter Subscription, Handbook, Recipe Book, Ingredient List and information relevant to your industry/area of expertise.

About the fees:

The subscription year runs from 1 June to 30 July – As well as the initial new member kit, members receive 4 issues of The Australian Coeliac Magazine together with the Newsletter of Victoria.

Note: If you wish to become a member part way through the subscription year, the joining fee remains, however the subscription fee will be based on a pro-rata rate – please contact us on 9808 7563 – Jackie Gale for further details.

Payment Details:

Please find enclosed cheque/money order for _____

Or

Please charge credit card account type: MasterCard Visa 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 _____, 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)