

Membership Form

Autoimmune Resource and Research Centre



Autoimmune Resource and Research Centre (ARRC) ABN: 77436705768
Incorporated (incorporated under the Associations Incorporation Act 2009)

I, _____
(full name: First name; Surname)

of _____
(address: number house; street name; SUBURB; STATE; postcode)

Telephone contact numbers: _____; _____

Date of Birth: ___ / ___ / ___

Email: _____

Hereby apply to become a member of the above mentioned incorporated association. In the event of my admission as a member, I agree to be bound by the association's constitution for the time being in force.

Signature: _____

Date: ___ / ___ / ___

Member details, please complete all that apply.

1. I have been diagnosed with the following Autoimmune Illnesses:
_____, _____, _____, _____
2. I have a family member or friend with the following Autoimmune Illnesses:
_____, _____, _____, _____
3. I am a health professional that has an interest or aids in the health management of people living with Autoimmune Illness: **Yes No**
4. I am a person that has a general interest in Autoimmune Illness: **Yes No**

DONATIONS

I understand that there is no set membership subscription or membership registration fee.
If I choose to do so, I can donate to ARRC via the following:-

1. Cheques payable to Autoimmune Resource & Research Centre:
ARRC, Pathology North Bldg, John Hunter Hospital
Locked Bag 1 HRMC NSW 2310
2. BSB: 650 000 Account Number: 987335318
Account Name: Autoimmune Resource & Research Centre
3. <https://www.autoimmune.org.au/product/general-donation/>

Please record your name as a reference on all cheques and direct deposits.

Receipts will be issued for all donations over AUD \$2.00 CFN 22223