

VCFS & 22Q11 Foundation INC

All members receive a quarterly magazine, contact list, can attend meetings, attend the annual conference, receive minutes and if over 18 years old have the right to vote on foundation matters and elect board members.

Please tick

New Application		Renewal	
Name:			
Address:			
Suburb:		Postcode:	State:
Phone:	(H)		(M)
Email:			
Interest in VCFS Please tick	Professional		Personal
Affected Individual (Optional)	Name, Gender , Date of Birth:		

Privacy of information

Information included in this form will be made available, as appropriate, to the board of the VCFS & 22q11 Foundation for the purposes of running foundation activities and producing the newsletter. This includes publishing a birthday list, naming individuals in reports of social events or labeling photographs taken at functions. The newsletter is distributed to our membership and contact list.

Please indicate below whether or not you agree to your family's details being used in these ways.

DELETE AS APPLICABLE: (this section must be completed to activate membership)

I do / do not give permission for the information provided above to be used by the foundation board in the quarterly magazine.

I do / do not give permission to receive fundraising materials such as raffle tickets, invitations to dinners for the purpose of fundraising.

Please do / do not include my details on the contact list. (The contact list is given to all financial members.

Many parents have benefited from using this list to share information and experiences and arrange social activities.)

I do / do not give permission for the foundation to contact me on behalf of professionals researching VCFS.

Signature _____ Date _____

Payment Slip:

ANNUAL MEMBERSHIP FEE IS \$20

Please enclose \$20 in the form of a cheque or money order made payable to VCFS & 22q11 foundation or fill in credit card details below which will cover membership until 30 June 2011.

PLEASE BILL MY CREDIT CARD THE AMOUNT OF..... \$20.00 (for membership)

I WOULD ALSO LIKE TO DONATE.....(donations over \$2 are tax deductible)

TOTAL:.....

Credit Card Authorisation

Mastercard or Visa (Please circle) Card Number _____

Cardholders Name _____

Signature _____ Expiry ____/____

POST THIS COMPLETED FORM WITH PAYMENT TO MEMBERSHIP 47 Third Ave Willoughby NSW 2121

www.vcfsfa.org.au