



QARDSS
PO Box 280
SPRING HILL QLD 4004
Ph. 1800 776 412
www.asbestos-disease.com.au
asbestoshelp@westnet.com.au

MEMBERSHIP APPLICATION / RENEWAL Date: ____ / ____ / ____

Title: _____ Surname: _____ First Name: _____

Address: _____

Postcode: _____ Occupation: _____

Tel Home: _____ Work: _____ Mobile: _____

Email: _____

Date of Birth (Optional): ____ / ____ / ____ Signature: _____

Class of Membership (Please choose one) (Membership fees are tax deductible)		
Family Membership* \$30.00 per annum	Constitutes a maximum of 2 votes	<input type="checkbox"/> * List family members on back of form
Single Membership \$20.00 per annum		<input type="checkbox"/>
Associate Member \$10.00 per annum	No voting rights	<input type="checkbox"/>

Please return your completed application form and membership fees to our head office at:-
(Credit Card details, cheque or money order only - do not send cash in the mail)

QARDSS, PO Box 280, SPRING HILL QLD 4004

Do you have, care for or know someone with an asbestos related disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been exposed to asbestos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like information on becoming a QARDSS Volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can we arrange for assistance with medical professionals/specialists/pain control?	<input type="checkbox"/>	
Can we arrange for assistance with legal advice?	<input type="checkbox"/>	
Can we arrange for assistance with moral/emotional support?	<input type="checkbox"/>	
Can we arrange for you to register your past exposure to asbestos?	<input type="checkbox"/>	
Is there anything else we can assist you with?	_____	

Office Use Only

Date Received: ____ / ____ / 20____ Receipt No: _____ Year End: _____ Person Responsible: _____

Your credit card information will be destroyed once payment has been processed

Amount: \$ _____	Type of Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Account Name: _____	
Card No: _____ / _____ / _____ / _____	Expiry Date: ____ / ____
Signature: _____	Date: ____ / ____ / ____

