



ASSOCIATE MEMBERSHIP (ANNUAL SUBSCRIPTION \$5.50)
(PLEASE PRINT CLEARLY)

I (Dr/Mr/Mrs/Ms)
(Given Names) (Surname)

wish to be recorded as an Associate Member.

Telephone (.....).....

Postal Address

State Postcode

Date of birth/...../.....

Occupation (Former occupation)

In accepting Associate Membership of Heart Support-Australia I agree to abide by its Memorandum and Articles of Association.

Signature Date.....

PLEASE NOTE:

- 1. Associate members who are financial may vote on all motions and resolutions put to a meeting at branch level excepting those motions and resolutions pertaining to alterations, deletions, and additions to the Memorandum and Articles of Association.**
- 2. Associate members who are financial may serve as members of a branch committee but may not occupy the offices of President, Vice President, or HHSS Manager (counselling service)**

Privacy Statement

Heart Support Australia Limited helps save lives through our vital Heart Health Support Service, including Lay Counselling to heart patients, community education and services to patients. Heart Support Australia respects your privacy and has embraced the National Privacy Principles in regulating how we collect, use and disclose and hold your personal information. If you would like a copy of our Privacy Policy, please contact your nearest branch of Heart Support Australia.

HEART SUPPORT- AUSTRALIA LIMITED

A.B.N. 34 008 629 221

