



Heart Support – Australia

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ORDINARY MEMBERSHIP APPLICATION FORM

Ordinary Membership: \$11.00

I have had a diagnosed heart disability:

I underwent surgery on (date)

At the

hospital.

Nature of the operation or disability

I am the spouse/partner of a person with a heart condition; or

I am the parent/guardian of a child with a heart condition; or

I am an interested person who would like to become a member of HS-A

FULL NAME: Mr/Mrs/Ms

DATE OF BIRTH:

OCCUPATION:

ADDRESS:

POST CODE:

PHONE:

MOBILE:

ASSIGNED TO:

Branch

In accepting membership of Heart Support Australia Ltd (HS-A), I agree to abide by its Constitution.

Please send application to: (Branch)

Signature:

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