

## Volunteering



Are you interested in volunteering with KSN?

Yes  No

As a Volunteer, what strengths and skills can you offer KSN?

Preferred Location(s) to Volunteer

### KSN Member & Kidney

#### Patient Benefits

- Patients and Carer's support groups
- Childhood Kidney Support Network
- Indigenous & Torres Islander Support
- Patient Accommodation assistance and referrals (Brisbane)
- Dietary and medical information and referral
- Member Newsletters
- KSN & Childhood KSN Websites and Facebook
- Medical equipment purchases
- Special events and functions
- Hospital Renal Unit support and volunteer visitations
- Advocacy and Peer Support
- Dialysis patient transport (some areas)
- Therapeutic hand and foot massage during Dialysis
- Volunteering Opportunities
- Membership: \$20.00 per year

#### Contact us for more information

**Address:** PO Box 6657  
Mackay MC, QLD 4740

**Email:** [Information@ksn.org.au](mailto:Information@ksn.org.au)

**Webpage:** [www.ksn.org.au](http://www.ksn.org.au)

**Free Call:** 1800 358 797

**Phone:** (07) 4837 1239

# Membership Information And Application Form

# MEMBERSHIP APPLICATION FORM



## NEW MEMBER DETAILS:

DATE:	/ /	PREFERRED METHOD OF CONTACT: <input checked="" type="checkbox"/> ( )			<input type="checkbox"/> Email	<input type="checkbox"/> Mail
FULL NAME:						
POSTAL ADDRESS:						
	SUBURB:		STATE:		POSTCODE:	
PHONE:	H-		M-		W-	
EMAIL:	@					
DATE OF BIRTH:	/ /	SIGNATURE:				

## NEW MEMBER MEDICAL DETAILS:

PATIENT CONDITION: <input checked="" type="checkbox"/> ( )	<input type="checkbox"/> TRANSPLANT	<input type="checkbox"/> PERITONEAL	<input type="checkbox"/> HAEMODIALYSIS
DIALYSING HOSPITAL:			

## MEMBERSHIP TYPE: ( )

INDIVIDUAL:	<input type="checkbox"/>	NAMED ABOVE	
FAMILY:	<input type="checkbox"/>	Name of family member/s:	
PROFESSIONAL:	<input type="checkbox"/>	Specify profession:	
ORGANISATIONAL:	<input type="checkbox"/>	Organisation name:	

## \$20 MEMBERSHIP PAYMENT METHOD:

CASH:	\$
CHEQUE:	\$
CREDIT CARD:	\$
DIRECT DEBIT:	BSB: 633-000 AC: 156906828 REF: MSHIP(NAME)
DONATION:	\$
TOTAL:	\$

OFFICE USE ONLY:	
MEMBERSHIP NUMBER:	
DATE PAID:	