

# Application for new membership: Annual Fee \$20

Title  Full Name  I'd like to receive newsletters via

Postal Address  Post  Email

Postcode  Email

Home  Work  Mobile

How did you first hear about KSN?

Nurse Referral  KSN Brochure  Word of Mouth  Website  Existing Member/Renewal

## Membership Type (Please Tick)

Individual  Family Full Name of Partner

Professional (Specify Profession)

Organisational (Name Type)

I would like to receive information on leaving a gift in my Will to KSN

Name of Patient  Male  Female  DOB

Patient Condition (tick) Transplant  Haemodialysis  Peritoneal (CAPD)

This information is vital for ksn to do their crucial work, all information is confidential.

Other  Please Specify  Patient attends (Hospital)

I enclose \$20 for new membership  Payment is by (tick):

Donation  Cheque  Credit Card  Money Order

Total  (Please make cheques and money orders payable to Kidney Support Network)

## If paying by credit card

Type  Expiry  Card No.

Name on Card  Signature  Date

## Membership Entitlements

- Patients and carers support groups
- Newsletters
- Transplant accommodation
- Airport, bus, rail transport and pickup service in Brisbane
- Dietary and medical tips
- Advice on new developments and events related to kidney disease or transplantation
- Access to our library and equipment loan services
- Special events and gatherings
- Volunteer opportunities
- Hospital renal unit support
- Advocacy

## Contact us for more information

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www.ksn.org.au

