

# Continence Foundation of Australia



## Membership application form

### TAX INVOICE/RECEIPT

The Continence Foundation of Australia (CFA) is a not-for-profit organisation and the national peak body for incontinence.

#### CFA members include:

- health professionals such as continence nurse advisors, continence physiotherapists, doctors, specialists, and fitness professionals
- people with incontinence
- carers at home
- suppliers of continence-related products
- hospitals, nursing homes, community healthcare centres, retirement villages, hostels and aged care residential facilities
- allied healthcare organisations and not-for-profits
- libraries

#### You benefit from being a CFA member by:

- being entitled to discounted registration at the annual National Conference on Incontinence and education forums
- receiving quarterly copies of the *Australian and New Zealand Continence Journal (ANZCJ)*, *Bridge* magazine and *In the news* membership newsletter
- becoming part of a network across Australia, keeping in touch with the 'latest and best' in continence awareness promotion, prevention, management and products
- having your ideas and concerns voiced to governments and allied organisations through CFA advocacy and representation

To become a member of the CFA please select from below the membership category best suited to you and complete the application details over. Your membership enables the important work of the CFA to continue.

MEMBERSHIP TYPE	ELIGIBILITY AND BENEFITS	FEE (\$ inc. GST) Please select one
Professional	Medical, nursing, allied health, health promotion, health administration or fitness professionals – quarterly copy <i>ANZCJ</i> , discounted registration for the National Conference on Incontinence, quarterly copy of <i>Bridge</i> and copy of annual report.	\$85.00 <input type="checkbox"/>
Corporate	Continence product supplier, continence product manufacturer, pharmaceutical company or registered training organisation – up to four copies of quarterly <i>ANZCJ</i> , quarterly copy of <i>Bridge</i> and copy of annual report.	\$320.00 <input type="checkbox"/>
Organisation	Aged care facility, community health centre, general practice, private clinic, government body, hospital, university, peak consumer or professional body – up to four copies of quarterly <i>ANZCJ</i> , quarterly copy of <i>Bridge</i> and copy of annual report.	\$320.00 <input type="checkbox"/>
Individual	Individuals who have incontinence, provide informal care or are retired health professionals – quarterly copy of <i>Bridge</i> and copy of annual report.	\$35.00 <input type="checkbox"/>
Student	Medical, nursing, allied health, health promotion or health administration – quarterly copy of <i>Bridge</i> and copy of annual report. Please provide student ID.	\$45.00 <input type="checkbox"/>
Library	Community, hospital or university – quarterly copy of <i>Bridge</i> and quarterly copy of <i>ANZCJ</i> .	\$40.00 <input type="checkbox"/>

Please note that fees are per annum (financial year, July to June) and include GST. For full details please see the Membership Terms and Conditions on our website, [www.continence.org.au](http://www.continence.org.au)

# Continence Foundation of Australia



MEMBERSHIP DETAILS	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	
Name:	Profession:
Address:	Occupation:
Suburb:	Telephone no: (w)
State:                      Postcode:	Mobile no:
Organisation:	Website:
Email address: (please print clearly)	
Your other professional memberships?	<input type="checkbox"/> APA <input type="checkbox"/> APNA <input type="checkbox"/> ANFC <input type="checkbox"/> RACGP <input type="checkbox"/> RCNA <input type="checkbox"/> Other _____
How did you hear about us?	

MEMBERSHIP BENEFITS (please select your preferred format)	
ANZCJ	<input type="checkbox"/> Hardcopy <input type="checkbox"/> Not required
Bridge magazine	<input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic <input type="checkbox"/> Not required
Annual report	<input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic <input type="checkbox"/> Not required
Conference news and events	<input type="checkbox"/> Electronic <input type="checkbox"/> Not required

<b>MEMBERSHIP FEE THAT YOU ARE PAYING (incl. GST) ►</b>	\$ *select amount from fee table over
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PAYMENT OPTIONS (NB please return this form along with payment details to the address below):																					
<input type="checkbox"/> <b>EFT:</b> BSB: 013 259   A/C No: 3034 31254   Ref: Your name (Please note, if you do not include your full name as a reference we will be unable to identify who has made the payment and therefore will be unable to activate your membership.)																					
<input type="checkbox"/> <b>CHEQUE:</b> Make payable to Continence Foundation of Australia. Please write your name and contact number at the back of the cheque and return to the address below.																					
<input type="checkbox"/> <b>CREDIT CARD:</b> Please select your card type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD																					
Credit Card Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Card Expiry date (mm/yy): _____ / _____	Card Security Number: ___ / ___ / ___ <small>(The last three digits on the signature panel of your card)</small>																				
Cardholder's name: _____ <small>(As appear on the credit card)</small>	Cardholder's signature: _____																				