

Please send me information on the following:

- ☐ Becoming a Volunteer
☐ Helping through my Will
☐ Fundraising for Arthritis Tasmania

Method of payment (please tick ✓)

- ☐ My cheque / money order is enclosed
(made payable to **Arthritis Tasmania**)

OR

- ☐ Please debit my:
☐ MasterCard ☐ Visa

Card Number:

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Name on Card: _____

Expiry Date: _____ / _____

Signature: _____



Please return completed application form to:

Arthritis Tasmania

19A Main Road, Moonah TAS 7009

OR post to **GPO Box 1843, Hobart TAS 7001**

For more information on membership, please call
our Information Line **Freecall 1800 011 041**

www.arthritistas.org.au



Arthritis
TASMANIA

Incorporating:
Ct
osteoporosis tasmania

19A Main Road
Moonah TAS 7009

Tel: 03 6228 4824

Fax: 03 6228 3486

Email: info@arthritistas.org.au

www.arthritistas.org.au

Arthritis Information Line
Freecall: 1800 011 041

Declaration of Privacy

The Arthritis Foundation acknowledges and respects the privacy of individuals. This information is being collected for the purposes of processing your application or enquiry, keeping you informed of upcoming events, information and support programs, and assisting us in providing our services and programs. The intended recipient of the information is the Arthritis Foundation. The provision of the information is voluntary, but if not provided, we may be unable to process your application or enquiry. You have a right of access to, and alteration of, personal information concerning yourself in accordance with the Act. Please direct any enquiries you may have to our Privacy Officer.



MEMBERSHIP APPLICATION FORM

Providing the
support to make
your life **EASIER!**

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What is Arthritis?

Arthritis is an umbrella term for more than 150 conditions that affect the musculoskeletal system. The most common forms of arthritis are osteoarthritis, rheumatoid arthritis, gout, ankylosing spondylitis, juvenile arthritis, lupus and scleroderma.

Arthritis is not a natural part of ageing. In fact 2.4 million of all people suffering from the disease are of working age. Arthritis can affect anyone at any stage of life, from infancy through to adult years.

Arthritis is a serious health issue, and is the major cause of disability and chronic pain in Australia. Arthritis currently affects 1 in 5 Tasmanians.

What is Osteoporosis?

Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures than in normal bone. It occurs when bones lose minerals, such as calcium, more quickly than the body can replace them, leading to a loss of bone thickness. Any bone can be affected but the most common fracture site is the hip.

Osteoporosis usually has no signs or symptoms until a fracture happens which is why it is often called the 'silent disease'. One woman in two and one man in three, over 60 will suffer a bone fracture because of osteoporosis.

About Arthritis Tasmania

Arthritis Tasmania (incorporating Osteoporosis Tasmania) is an independent, not for profit association operating since 1976. We provide services and programs that make a positive difference to the lives of people affected by arthritis, osteoporosis and related conditions. Arthritis Tasmania relies heavily on donations and volunteer support to maintain its state-wide operations and accredited training programs.

Become a Member

By becoming a member you are on your way to successfully managing your condition and reducing its impact on your life. You will also give Arthritis Tasmania a stronger voice – as the more members we have, the more influence we may have on decision makers.

Member Benefits

- *Arthritis Matters* newsletter featuring news, tips and helpful information;
- *Osteoblast* newsletter (for members with osteoporosis);
- Access to Arthritis Tasmania's resource library;
- Discounts on seminars, activity programs, small aids, books, DVDs and CDs;
- Access to warm water exercise classes run by Arthritis Tasmania.

1 in 5
Australians
suffer from arthritis

Membership Application Form

Arthritis
TASMANIA

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Personal Details

Title: Mr/Mrs/Ms/Miss/Dr _____

Given Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Tel: _____

Email: _____

Type of Arthritis: _____

Do you have Osteoporosis?: ☐ YES ☐ NO

Membership Type (please tick ✓)

- | | |
|---|----------|
| <input type="checkbox"/> Standard Membership | \$28.00 |
| <input type="checkbox"/> Pensioner Membership | \$10.00 |
| <input type="checkbox"/> Health Professional Membership | \$33.00 |
| <input type="checkbox"/> Life Membership | \$330.00 |

Total Membership Payment: \$ _____

Donation (donations of \$2 or more are tax deductible): \$ _____

TOTAL PAYMENT: \$ _____

continued overleaf....