



CHALLENGING ARTHRITIS APPLICATION FORM

Please complete the details below and then mail with your payment to:

**Arthritis NSW
Locked Bag 16
North Parramatta NSW 2151**

Name: _____

Address: _____

_____ Postcode: _____

Phone: _____ Date of Birth: _____

Email Address: _____

Yes, I would like to become a member of the Arthritis NSW and Arthritis ACT

Type of membership

Individual \$30

Family \$35

Pensioner \$15

Pensioner Family \$25

I would like to join/attend a branch Yes No

Membership Payment

Cheque enclosed

Visa MasterCard

No: _____ / _____ / _____ / _____

Expiry Date: _____ Signature: _____

Please would you also send me information regarding the following

How to assist the Foundation through my will

The Arthritis Self-management Education Program

Partners in Support



Type of Arthritis: _____

How long have you had arthritis? _____

Gender:

Male Female

Are you a current member of Arthritis NSW? Yes: No:

Have you previously participated in a self-management program?

Yes: No:

If yes, which one? _____

Have you discussed your arthritis with a doctor?

Yes: No:

If yes, did you talk to a GP or Specialist

Employment:

Employed Retired Other

Where did you find out about the Challenging Arthritis program?
