

MEMBERSHIP APPLICATION

TO HELP US - PLEASE PRINT

Date : _____

Please underline appropriate Title

Mr Mrs Miss Ms Dr Sr (family Name) _____

Given Names : _____

HOW DO YOU LIKE TO BE ADDRESSED? (Given Name etc) _____

ADDRESS: Street or P.O. Box _____

City _____ State _____ Postcode _____

OCCUPATION / PREVIOUS OCCUPATION: _____

TELEPHONE NUMBER : Home () _____ Work () _____

Mobile () _____ Email: _____

IBS Type

A = Alternating between Diarrhoea and Constipation predominant

A+= Alternating plus pain and / or bloating

B = Pain and or bloating

C = Constipation predominant C+= Constipation plus pain and / or bloating

D = Diarrhoea D+= Diarrhoea plus pain and / or bloating

SIGNATURE : _____ Date of Birth _____ / _____ / _____

Fees The fees as listed are available until 1st April 2011. After that date phone to our contact officer 07 3907 0527

Please mail this application to IBIS PO BOX 461 MT OMMANEY QLD 4074

Discount for Social Security Beneficiaries of \$3.00-

Joining Fee : 10.00
Annual Membership : 25.00
Sub - Total : 35.00

please quote your pension number: _____

Pension Discount : -

Donations of \$2 or more may be claimed as an income tax deduction and will be greatly appreciated.

+ Donation : _____

Bankcard/ Mastercard/Visa Please underline type

TOTAL \$: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Cardholder Name: _____ Signature : _____ Expiry Date : _____ / _____

Would you like to receive your newsletter by email : Name _____

Email is sent in Adobe PDF. Email address: _____

Office use only Membership No. : _____ Receipt No.: _____ Authorisation No.: _____

