

Membership Form (continued)

Pay for 4 years and receive the 5th year **FREE!**

Membership Type	1 Year	5 Year
Concession/Senior	<input type="checkbox"/> \$22.00	<input type="checkbox"/> \$90.00
Single	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$180.00
<input type="checkbox"/> Life Single Membership	\$480.00	

NB: Prices are subject to change

Support Diabetes ACT

I would like to assist as a volunteer

I would like to make a tax deductible donation of \$

I would like to obtain information about making a bequest

Payment Details

(Please tick)

Cheque (Payable to Diabetes ACT) Money order

Mastercard VISA

Amount: \$

Card Number:

Expiry date:

Cardholder's name:

Signature:

Information is collected to assist in the management of your diabetes and is not disclosed to another party. Diabetes ACT complies with the Commonwealth's National Privacy Principles.

Two cards what is the difference?



Diabetes ACT Membership Card

It needs to be **renewed** every year. It entitles you to many benefits.

National Diabetes Services Scheme – Registration Card

This card means you are registered on the Commonwealth Government's National Services Scheme (NDSS).

It entitles you to **subsidised products** (syringes, pen needles/blood and urine testing strips) under the NDSS. **Need to know more? Please contact us.**



Diabetes ACT

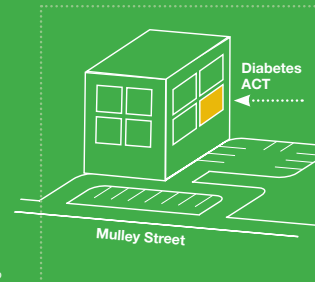
Grant Cameron Community Centre
(at the back of the building)

27 Mulley Street, Holder ACT 2611
PO Box 3727 Weston Creek ACT 2611
Phone: (02) 6288 9830 Fax: (02) 6288 9874
Email: diab@diabetes-act.com.au
www.diabetes-act.com.au

Shop
Support Centre (by appointment)
and **Resource Centre**

Opening Hours
9.00am – 4.30pm
Monday to Friday
Parking is Free.

ABN: 41 671 989 072 ACN: 121 245 912



Services and Membership Form



OFFICE USE ONLY

CARD MEMBER PACK

MEMBER

REC

Proudly brought to you by our Corporate Partners:

LOVEDESIGN
GROUP CONCEPT AND CREATION

ACCU-CHEK®
Live life. We'll fit in.



Who we are

Diabetes ACT is a non profit organisation. Our purpose is to help all people with diabetes, their families and those at risk, and to contribute to the prevention of diabetes. One million people in Australia have diabetes, and approximately 180 people are diagnosed everyday. In the ACT region there are approximately 100 people diagnosed each month.

We offer

- Diabetes information, education and advice
- Health promotion
- The Federal Government's National Diabetes Services Scheme (NDSS)
- Provide an outlet to purchase NDSS and other diabetes-related products
- Lobbying of government and decision-makers
- Meter servicing
- Support groups

Become a Member

MEMBERS RECEIVE

- Discounts on diabetes-related products sold at our shop front
- Discounts on educational seminars and activities e.g. supermarket tours
- Sweet Talk quarterly newsletter – keeping you up-to-date with our programs and activities in the ACT region
- Conquest Magazine quarterly – Australia's leading Diabetes health magazine
- Opportunity to participate in our member's mornings and support groups
- Access to Diabetes ACT educational material

Your membership contribution supports our organisation and the valuable work we do to support people with diabetes in our community.

How you can Help

BECOME A VOLUNTEER

Diabetes ACT is always looking for volunteers to help with a variety of tasks. We need volunteers to help with: fundraising, administration talks, shop sales and during busy times such as National Diabetes Week. To register as a volunteer please call 6288 9830.

MAKE A DONATION

Donations to Diabetes ACT go towards diabetes education, awareness and research programs in the ACT. Donations can be made by calling Diabetes ACT on 6287 8727 or posting cheques to PO Box 3727, Weston Creek ACT 2611.

All donations over \$2.00 are tax deductible.

LEAVE A LASTING GIFT

Complications such as heart disease, kidney failure and stroke make diabetes the 7th highest contributing cause of death in Australia. By leaving a gift in your will to Diabetes ACT, your contribution will provide much needed support for people with diabetes.



Membership Form

(Please print)

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

First name: _____

Last name: _____

For children (under 10) please include
Carer's name: _____

Signature: _____

Date: _____

Who should we send mail to?: Carer Child

Date of Birth: _____

Address: _____

Postcode: _____

Daytime telephone: _____

Mobile: _____

Email: _____

Occupation: _____

NDSS Number: _____

I am joining Diabetes ACT because I have:

Type 1 diabetes Type 2 diabetes

Gestational Other

Year diagnosed: _____

My diabetes is controlled by:

Insulin Tablets Diet only