



# CMTAA

Charcot-Marie-Tooth Association Australia Inc.

ABN 63 076 189 912

NSW Registered Charity

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## MEMBERSHIP APPLICATION

SURNAME: \_\_\_\_\_

Mr; Mrs; Ms; Miss; GIVEN NAME: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### USERNAME AND PASSWORD

Your Username will be the email address that you have written above.

PASSWORD (minimum 6 characters): \_\_\_\_\_

I would like to receive CMT related information by email.

Please tick the appropriate box:

I am a person who has CMT

A family member has CMT

A family member under 18 has CMT

Medical Professional

Organisation

I would like to join a Support Group

Research Donation

National Admin. Costs Donation

Youth Activities

Seminar DVD (Year.....) \$25.00

Hand Exercises \$15.00

Other

R \$ \_\_\_\_\_

A \$ \_\_\_\_\_

S \$ \_\_\_\_\_

H \$ \_\_\_\_\_

O \$ \_\_\_\_\_

**Yearly membership per household \$40.00** M \$ 40.00

**Total** \_\_\_\_\_

**Please confirm your payment details and return this application by email, post or fax to CMTAA for processing.**

My payment is by  Cheque  Money Order  Cash  Electronic Cash Transfer  Credit Card/Paypal

**\*For Electronic Funds Transfer payment, our bank details are;**

BSB: 032-069 Account number: 158486

**\*For Credit Card/Paypal please refer to our website.**

**\*When paying by EFT, Credit Card/Paypal, please indicate the code/s above (R,A,S,H,O,M) that your payment has been allocated to and return your completed application form to the CMTAA for processing.**

**Please make cheques/money orders payable to Charcot-Marie-Tooth Association Australia Inc.**

**Donations over \$2.00 are tax deductible.**

A receipt and New Member package will be forwarded to you.