



Transfer of Membership and Records

I give my permission for you to transfer my membership details from the state of

NSW/ACT QLD SA/NT VIC/TAS WA

to the state of

NSW/ACT QLD SA/NT VIC/TAS WA

(please circle)

Transfer (moving) effective from:/...../.....

Current Membership - my details are as follows:

Name: Member ID (on Coles card):

Date of Birth:/...../..... Occupation:

Old Address:

Suburb: State: Postcode:

New records are as follows:

Address:

Suburb: State: Postcode:

New phone numbers (Home): (Work):

Mobile: Email:

If your child is the diagnosed member

Child's name: Child's DOB:/...../.....

I acknowledge that I will be responsible for any payment of membership subscription fees that are due to the state Coeliac organisation I am transferring to.

Signature: Date:/...../.....

Post, fax or email form to the state where you currently have membership:

NSW/ACT: PO Box 271, WAHROONGA NSW 2076 Fax: 02 9487 5177 Email: nsw@coeliac.org.au

QLD: PO Box 3455, NEWMARKET QLD 4051 Fax: 07 3356 4474 Email: qld@coeliac.org.au

SA/NT: Unit 6, 88 Glynburn Road HECTORVILLE SA 5073 Fax: 08 8365 1265 Email: sa@coeliac.org.au

VIC/TAS: PO Box 89, HOLMESGLEN VIC 3148 Fax: 03 9808 9922 Email: vic@coeliac.org.au

WA: PO Box 726, BENTLEY WA 6982 Fax: 08 9451 9266 Email: wa@coeliac.org.au

Office Use Only

Current state: _____ Date: ____/____/____ Deleted from DB Subscription paid until ____/____/____ Initial: ____

Transferred state: _____ Date: ____/____/____ Added to DB State info sent Initial: ____ New ID: _____