

Lapsed member rejoining form

Please also complete questionnaire on the other side of this page



Approximately how long has it been since you were last a member? _____

Has your address possibly changed since you were a member? Yes/No

If yes, please write your old address below

Has your surname changed since you were last a member? Yes/No

If yes please write old surname here: _____

What is your date of birth: ____/____/____

All memberships expire on 30 June 2013 at which time they will need to be renewed. The prices below are pro rata rates covering 5 copies of The Australian Coeliac Magazine and Against the Grain. They are valid for members rejoining between 14 March 2012 and 30 June 2012.

Qty	Description	Price (\$) Includes postage	Total (\$)
	Standard 2012/2013 membership renewal (includes \$15.00 re-establishment fee)	75.00	
	Pensioner 2012/2013 membership renewal (includes \$15.00 re-establishment fee) *please note Health Care Cards are not accepted for Pensioner renewal price	65.00	
	Ingredient List (9th Edition) Free with rejoining (limited time only)	0.00	
	December 2011 issue of The Australian Coeliac Magazine (back issue)*	7.50	
	March 2012 issue of The Australian Coeliac Magazine (back issue)*	7.50	
	My donation (thank you)		
	Total (includes GST and postage)		\$

*While stocks last

Name: _____ MEMBER ID (if known): _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Please charge my MasterCard / Visa for authorised amount \$ _____

Card Number: _____/_____/_____

Expiry Date: ____/____ Cardholder's Name: _____

Date _____

RETURN FORM TO

Post: Coeliac Queensland
PO Box 3455
NEWMARKET QLD 4051

Email: qld@coeliac.org.au
Fax: (07) 3356 4474

**PLEASE TURN
OVER TO
COMPLETE
QUESTIONNAIRE**

QUEENSLAND OFFICE

PO Box 3455
Newmarket QLD 4051

91B Wilston Road
Newmarket QLD 4051

T 07 3356 4446
F 07 3356 4474

E qld@coeliac.org.au
W www.coeliac.org.au

Coeliac Queensland Questionnaire

Please provide information about the person diagnosed with coeliac disease, dermatitis herpetiformis or gluten intolerance

1. Name: _____
2. Age of diagnosis? _____ years
3. At the time of diagnosis were any of these conditions, thought to be associated with coeliac disease, present?
 Type 1 (Juvenile onset) diabetes Turner's syndrome IgA deficiency
 Osteoporosis or osteopaenia Sjogren's syndrome Down's syndrome
 Autoimmune thyroid condition Rheumatoid arthritis Small bowel lymphoma
 Lactose intolerance
4. Is there is a family history of coeliac disease? Yes No
5. Period of feeling unwell prior to diagnosis?
 Not unwell under 6months 6 - 12months 12 - 24months over 24months
6. What prompted you to join Coeliac Queensland? (you may select more than one)
 Instruction from doctor New member pack
 The Australian Coeliac magazine Ingredient list Booklet
 Coles discount card Member support and events
 Other _____
7. Were any of the following **related** symptoms experienced prior to diagnosis?
 Abdominal distension/bloating Diarrhoea Constipation
 Vomiting and/or nausea Weight loss Infertility
 Iron deficiency anaemia No symptoms (asymptomatic)
8. Please indicate which diagnostic tests were performed:
 Small bowel biopsy (by endoscopy/gastroscopy) Blood screening test
 Skin biopsy (for Dermatitis Herpetiformis) Coeliac genetic testing (HLA genes)
 Other testing _____
9. How did you find out about Coeliac Queensland?
 Doctor Dietitian Website Friend or family member
 Other _____

Coeliac Queensland is here to inform, understand and support you on your gluten free journey. We are happy to offer assistance at all times. Please don't hesitate to contact us with any queries.