

**OFFICE USE ONLY**

Date \_\_\_\_\_ Member ID \_\_\_\_\_  
Entered by \_\_\_\_\_ Receipt Number \_\_\_\_\_  
C C C O M A P Checked by \_\_\_\_\_



**2012/2013 Financial year application for membership**

- If person diagnosed is over 18, please complete Sections A and C
- If person diagnosed is under 18; please complete all Sections A, B and C
- If there is more than one person diagnosed in your immediate family (living in the same household) you only need to pay for **one membership**; however, please **complete a separate form for each person diagnosed**.

**SECTION A: Details of person diagnosed**

Mr/Mrs/Miss/Ms/Dr (please circle) First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Residential Address (if different from above): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Diagnosis**     Coeliac Disease     Dermatitis Herpetiformis     Gluten Intolerance\*

\*Gluten intolerance - A person who does not have CD or DH but is diagnosed as requiring a gluten free diet by a registered medical practitioner.

Occupation \_\_\_\_\_ Gender     Male     Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Pension No<sup>+</sup> \_\_\_\_\_ (If applicable)

**\*Health Care Cards not eligible for Pension membership rate.**

How did you find out about Coeliac Queensland?

Doctor     Dietitian     Website     Friend or family member

Other \_\_\_\_\_

**SECTION B: Details of parent or guardian or relative**

(to be completed if person diagnosed is under 18 years or being cared for).

Relationship to person named in Section A     Parent/Guardian     Relative     Carer

Mr/Mrs/Miss/Ms/Dr (please circle) First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address (if different to address provided above; this address will be used for all correspondence)

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Gender     Male     Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pension No<sup>+</sup> \_\_\_\_\_ (If Applicable)

**\*Health Care Cards not eligible for Pension membership rate.**

### SECTION C: QUESTIONNAIRE

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

1. Name: \_\_\_\_\_
2. **Age** at diagnosis? \_\_\_\_\_ years
3. At the time of diagnosis were any of these conditions, thought to be **associated** with coeliac disease, present?  
 Type 1 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. 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  
 Member discount card                       Member support and events  
 Other \_\_\_\_\_
6. Were any of the following **related** symptoms experienced prior to diagnosis?  
 Iron deficiency anaemia                       No symptoms (asymptomatic)                       Abdominal distension (bloating)  
 Constipation                       Diarrhoea                       Infertility  
 Vomiting and/or nausea                       Weight loss
7. 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 \_\_\_\_\_
8. Period of **feeling unwell** prior to diagnosis?  
 Not unwell     under 6months     6 - 12months     12 - 24months     over 24months

**PRIVACY:** Coeliac Queensland collects and uses your personal information to provide you with information about coeliac disease and the gluten free diet. We also use your personal information to compile statistics which assist us to understand coeliac disease better. The information used for statistics is de-identified. The Privacy Statement can be seen on our website ([www.coeliac.org.au](http://www.coeliac.org.au)).

**CONSENT:** I agree that my personal information can be used or disclosed by the Coeliac Queensland (CQ) to their mailing house and other relevant contractors with whom CQ has a Privacy Agreement so I can be provided with my magazines and information relating to the gluten free diet.

I hereby apply to become a member of the above named incorporated association. If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Signed by someone over 18 years of age)

**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.**

## Confirmation of Diagnosis from a Registered Medical Practitioner

(to be completed by your GP or Gastroenterologist)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Our records show this applicant has:

Coeliac Disease       Dermatitis Herpetiformis       Medically requires a gluten free diet

This has been diagnosed by:

Blood test       Endoscopy and biopsy       Other \_\_\_\_\_

Name of Registered Medical Practitioner: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Surgery Name and Address (or stamp) \_\_\_\_\_

GP     Gastroenterologist     Other medical practitioner \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Diagnosis by Dietitian or Naturopath not accepted.**

### Membership costs

Membership runs from 1 July to 30 June yearly. Membership cost is calculated on a pro-rata rate throughout the year. The pro-rata rate does not apply to the new member starter pack component. Please check page 4 for current membership fees - **do not adjust**, pro-rata discount has already been factored in these figures. Please note that we are a not-for-profit organisation that does not receive any government funding and we rely on membership fees to continue to fund our services. The actual cost to service each member is more than the membership fee and the remainder of the cost is funded by donations and fundraising.

### What's included?

- Ingredient list** - Easily identify if an ingredient is gluten free at a glance. Over 1000 ingredients listed
- Handbook** - Everything you need to know about coeliac disease and living a gluten free lifestyle
- Recipe Book** - Over 130 gluten free recipes includes full colour photos and nutrition information
- Free gluten free samples** - Sample gluten free products. Sample products vary throughout the year
- Member recommended gluten free restaurant list** - Listing of restaurants throughout Queensland

### Member only ongoing benefits

- Member discount card** - offering 20% discount off selected gluten free products at Coles plus more
- Quarterly magazine 'The Australian Coeliac'** - new products, recipes, research and travel information
- Quarterly newsletter 'Against the Grain'** - information on local news, events and support groups
- Supermarket guided tour** - small booking fee applies
- Label Reading Workshops** - small booking fee applies
- Support Groups** - over 25 support groups throughout Queensland
- Member events and seminars** - Children's Christmas party, health seminars etc
- Travel and translation sheets** - information on over 30 overseas countries
- Phone help line** - 8.00am - 4.00pm Monday to Friday

### Before posting please make sure you have enclosed the following:

Application Form     Confirmation of diagnosis from a registered medical practitioner     Payment

### Send completed form to

Coeliac Queensland  
PO Box 3455  
NEWMARKET QLD 4051

Email: [glid@coeliac.org.au](mailto:glid@coeliac.org.au)

Fax: (07) 3356 4474

## Payment Form (valid until 30 June 2012)

Items marked with a single \* are included in the new member starter pack as part of your membership

Qty	Item	Pick-up	By Mail <sup>^</sup>
	<b>Membership</b>		
	<b>2012/2013 Standard membership</b> until 30 June <b>2013</b> (includes new member starter pack)	105.00	105.00
	<b>2012/2013 Pensioner membership</b> until 30 June <b>2013</b> (includes new member starter pack) <i>Note: Health care cards are not applicable for the pensioner rate</i>	90.00	90.00
	<b>Coeliac Australia Resources</b>		
	<b>Coeliac Society of Australia Gluten Free Recipe Book</b> 3rd Edition *	15.00	19.00
	<b>ID Cards (10)</b> Credit card size +	2.00	2.60
	<b>Ingredient list</b> 9 <sup>th</sup> Edition, * +	7.50	7.50
	<b>Living with Diabetes and Coeliac Disease</b>	6.95	8.50
	<b>Pocket Guide</b> *	1.50	1.50
	<b>Children's resources</b>		
	<b>Food for me is Gluten Free</b> story book for children	18.00	21.00
	<b>Stickers for children</b> 'Stop! I am on a gluten free diet' pack of 10	2.00	2.60
	<b>What's cooking?</b> Gluten Free recipes for children	13.50	16.75
	<b>Recipe Books</b>		
	<b>Gluten Free Cakes, Puddings and Desserts</b> Rick Grant	12.00	19.00
	<b>Gluten Free Soups, Sauces and Marinades</b> Rick Grant	12.00	19.00
	<b>Indulge</b> Rowie Dillon <b>NEW</b>	30.00	40.00
	<b>Multi-Allergy Cookbook</b> Lola Workman	27.00	37.00
	<b>The Low GI Guide to Gluten-free Cooking</b>	25.00	32.00
	<b>Wheat and Gluten Free Diabetes</b> Dr Sue Shepherd <b>NEW</b>	30.00	40.00
	<b>Miscellaneous products</b>		
	<b>Baking Cups pack 50</b> - I'm Gluten Free - orange <b>NEW</b>	6.50	12.50
	<b>Baking Cups pack 50</b> - I'm Gluten & Dairy Free - blue <b>NEW</b>	6.50	12.50
	<b>Food Flags pack 25</b> - I'm Gluten Free - orange <b>NEW</b>	5.50	8.00
	<b>Food Flags pack 25</b> - I'm Gluten & Dairy Free - blue <b>NEW</b>	5.50	8.00
	<b>Gluten Free Travel Guide - SPECIAL</b>	10.00	15.00
	<b>Laucke Bread Pan</b>	20.00	30.00
	<b>Living Gluten-Free for Dummies</b> Australian Edition	28.95	38.95
	<b>Toastabags</b> Reusable - 2 bags in a pack	6.00	8.00
	<b>Waterproof stickers</b> 'Gluten free food only'	2.00	2.60
	<b>I wish to donate</b> (Donations \$2.00 and over are tax deductible)		
	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**Please return with payment to:** Coeliac Queensland, PO Box 3455, NEWMARKET QLD 4051

Name: \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Payment by:**

Credit Card (See below)  Cheque/Money Order (Coeliac Queensland)  Cash (Pick up only)

Please charge \$ \_\_\_\_\_ to my  MasterCard  Visa

Card Number    \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_

Expiry Date    \_ \_ / \_ \_

Cardholder's Name: \_\_\_\_\_ Signature \_\_\_\_\_

\* These products are included in the new member starter pack. \*\*Included in a child's pack

+ Member only resource ^ The postage costs are for postage within Australia only. Please contact us for overseas postage rates.

Please ensure you are using our current member form. Visit [www.coeliac.org.au](http://www.coeliac.org.au) for the most up-to-date form.