

**OFFICE USE ONLY**

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



**2012/2013 Financial year application for Professional Membership**

Please complete this form and forward together with your payment

**Type of membership (please tick one)**

- Health Professionals (GPs, gastroenterologists, dietitians, etc) - **Please complete sections A, B, D, E**  
 Food Industry (manufacturers, wholesalers, retailers, restaurants, cafes, caterers) - **Please complete sections A, C, D, E**

**SECTION A: Contact details**

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

Company Name \_\_\_\_\_

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

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

Physical Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female ABN: \_\_\_\_\_

How did you find out about Coeliac Queensland?

- Doctor  Dietitian  Website  Friend or family member  
 Other \_\_\_\_\_

**SECTION B: To be completed by those applying for Health Professional Membership**

I am a (please tick one)

Registered Medical Practitioner Provider number: \_\_\_\_\_

Dietitian/Nutritionist APD:  Yes  No

Other (please specify) \_\_\_\_\_

**SECTION C: To be completed by those applying for Food Industry Membership**

I am a (please tick one)

Manufacturer  Wholesaler  Retailer  Restaurant/café  Caterer

Other (please specify) \_\_\_\_\_

## SECTION D: Privacy and Consent

**PRIVACY:** Coeliac Queensland collects and uses your personal information to provide you with information and services about coeliac disease and the gluten free diet including new gluten free foods. 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. Our Privacy Statement tells you how we usually collect and disclose your personal information and how you can ask for access to it. We will disclose your personal information to our mailing house and other relevant contractors with whom we have a Privacy Agreement, so we can provide information to you by post.

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 \_\_\_\_\_

## SECTION E: Payment

Qty	Item	Price
	<b>Membership</b>	
1	<b>2012/2013 Professional membership until 30 June 2013 (includes \$75 joining fee)</b>	135.00
	<b>I wish to donate</b> (Donations \$2.00 and over are tax deductible)	
	<b>TOTAL</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 \_\_\_\_\_

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.

**Send completed form to**

**Coeliac Queensland**  
**PO Box 3455**  
**NEWMARKET QLD 4051**

**Fax: (07) 3356 4474**

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