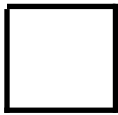


**AMPUTEE SUPPORT ASSOCIATION SUNSHINE COAST INC.**



**NEW APPLICATION**

**DATE:** .....

**YEARLY MEMBERSHIP: \$15.00 PER PERSON**

**1.** NAME: .....  
ADDRESS: .....  
..... POST CODE: .....  
PHONE NO: ..... Date of Birth .....  
EMAIL ADDRESS: .....  
SIGNATURE: .....

**CARER/PARTNER MEMBERSHIP APPLICATION**

**2.** NAME: .....  
ADDRESS: .....  
..... POST CODE: .....  
PHONE NO: ..... Date of Birth .....  
EMAIL ADDRESS: .....  
SIGNATURE: .....

**DATE OF AMPUTATION:** ..... **Are you a Diabetic?** .....

**CAUSE OF AMPUTATION:** .....

**TYPE OF AMPUTATION: Please circle the applicable items below**

**LEG: LEFT / RIGHT ABOVE KNEE / BELOW KNEE**

**ARM: LEFT / RIGHT ABOVE ELBOW / BELOW ELBOW**

**ADDITIONAL INFORMATION REQUIRED**

**In case of emergency contact: (Not living with you, if possible)**

**NAME:** .....

**ADDRESS:** .....

**TELEPHONE: HOME** ..... **MOBILE**.....

**BUSINESS:** .....

**DO YOU WISH TO ORDER NAME TAGS? \$10.00 EACH**

**\*PREFERRED NAME FOR TAG: 1** .....

**2** .....

**RETURN FORM TO :** The Secretary  
Amputee Support Association Sunshine Coast Inc.  
PO BOX 1374 BUDERIM QLD 4556.

**I do not wish to become a member at this time but would like some further information.**

**WE ACCEPT CHEQUE OR DIRECT DEPOSIT**

**ACCOUNT NAME:**

**AMPUTEE SUPPORT ASSOCIATION SUNSHINE COAST INC.**

**BSB: 084 756 ACC: 631195916**

**DONATIONS ARE ALWAYS WELCOME**