



ausEE

ABN: 30 563 569 016

ausEE Inc.  
PO Box 9303  
Pacific Paradise Qld 4564

Email: admin@ausee.org  
Web: www.ausee.org www.top8challenge.com

*a charity dedicated to improving lives affected by eosinophilic disorders*

## ausEE Inc. Application for Membership

ausEE Inc. is a registered Australian charity dedicated to providing support and information to anyone diagnosed with or caring for someone with an Eosinophilic Gastrointestinal Disorder (EGID) including Eosinophilic oEsophagitis (EE or EoE). We are committed to raising public awareness and supporting the medical community for further research into eosinophilic disorders in Australia.

### I wish to apply for:

- New Membership
- Renewal Membership
- Advise Change of Address/Details

Upon my admission as a member of ausEE Inc. I agree to obey the rules and regulations laid down in the Constitution of ausEE Inc. and any rules and regulations made in accordance with that constitution.

*(A copy of the Constitution is available from ausEE Inc.)*

### Personal Details:

Mr / Mrs / Ms / Dr *please circle*

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

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

Postcode \_\_\_\_\_

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

Email \_\_\_\_\_

Financial Year for membership is from 1 July to 30 June.

**Annual membership carries no fee.**

*Note that ausEE Inc. has Public and Products Liability Insurance in an amount of \$10,000,000 per occurrence.*

**Signature of Applicant**

Date

Proposed by \_\_\_\_\_ Signed \_\_\_\_\_ Seconded by \_\_\_\_\_ Signed \_\_\_\_\_

All applications are considered by the Management Committee at the first Committee Meeting following receipt of application, and all applicants are advised soon thereafter.

### Please send this completed form to:

The Secretary  
ausEE Inc.  
PO Box 9303  
Pacific Paradise Qld 4564

### Committee use only:

Date Received \_\_\_\_\_ Considered by Committee on \_\_\_\_\_

Added to Members Register \_\_\_\_\_ Applicant Advised \_\_\_\_\_