

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Join online today or return this completed application form

Membership application form Please print clearly

Personal information

Mr Mrs Miss Ms Other

Given name

Surname

DOB / / Female Male

Postal address

Suburb Postcode

State Phone

Email

Emergency contact (person able to update/access member file if required)

Full name

Relationship Phone

Health information

Medical conditions

Allergies (ASCIA recommends allergies must always be confirmed (authenticated) by your doctor on joining)

Medications (dosages not required)

Other information (special needs, advanced care directive, implants or devices)

* Please provide an attachment if you need to provide further information
* We recommend you send supporting documentation, such as doctor's referral and health management plans

Medical authentication (optional but highly recommended)

Doctor/Healthcare provider – to the best of my ability I believe that the health information provided is current and correct.

Doctor name

Phone

Signature Date / /

Product order (see example below)

| Qty | Description | ID colour | ID size | Length (cm) | Price |
|-----|---|----------------------|----------------------|----------------------|---|
| 1 | Stainless Steel Expanda Band (Example only) | Classic | D | 17 | Price |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> . <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> . <input type="text"/> |

Special \$35 offer * - Add a sports band or stainless steel product of your choice for only \$35, when you purchase any ID.
* Offer only applies to the additional ID, must be of equal or lesser value. **\$35.00**

Postage and handling fee \$9.50 **\$9.50**

Annual membership fee \$49.00 (GST inclusive) **\$49.00**

Donation amount: As a not-for-profit organisation, MedicAlert Foundation receives no government funding. Donations assist us to keep the cost of our service to a minimum for all members and to continue our vital work. All donations \$2.00 and over are tax deductible. \$10 \$25 \$50 Other .

Please ensure you total your product order, postage, annual membership fee and donation (if applicable) **Total** .

Engraving

Please call me to discuss engraving on my new ID

Please note: engraving space is limited and will vary according to the ID style chosen. If the information provided doesn't fit the chosen style, our membership team will call you to discuss your engraving options.

MedicAlert engraves to clinical protocols and an engraving policy using nationally recognised medical abbreviation and terminology. Do not hyphenate words and allow for one space between each word. Any information not engraved on your ID will be recorded in your personal electronic health record and listed on your membership cards.

Line 1

Line 2

Line 3

Line 4

Other information

National Disability Insurance Scheme (NDIS) number

DVA number

Seniors Card number

Health Fund

Health Fund membership number

If you have a Medicare or Department of Veterans' Affairs (DVA) card, you have an Individual Healthcare Identifier (IHI).

Individual Healthcare Identifier (IHI) number (My Health Record)

Acceptance

Please refer to our website at www.medicalert.org.au/terms-and-conditions for our Terms and Conditions of Membership and Terms and Conditions of Sale. By applying to become a member of Australia Medic Alert Foundation Inc you agree to be bound by the Terms and Conditions of Membership and by placing an order for product with, or purchasing products from Australia MedicAlert Foundation Inc you agree to be bound by them and understand that an annual membership fee is required for the continuity of the MedicAlert 24/7 Emergency Response Service. (2018 annual fee is \$49 GST inclusive).

Parent/guardian to sign for a child under 18 years of age (as listed as Emergency Contact overleaf)

I am the parent/legal guardian of the member and am authorised to complete this application on behalf of the member.

Signature

Date

Method of payment (please choose one payment option)

Post this notice with payment (no cash) enclosed to: GPO Box 9963, ADELAIDE SA 5001

Mastercard Visa Cheque/money order enclosed

Credit card number

Expiry date

Card holder's name (as it appears on the card)

CVV (on back of card)

Signature of card holder

Call Membership Services on 1800 88 22 22

(please have your credit card details ready)

Fax us on 1800 643 259 or email enquiry@medicalert.org.au

(fax/email both sides of this form with your credit card details completed)

Never forget with Direct Debit

Renew your annual MedicAlert membership automatically with our Direct Debit payment option. Save time by setting up an auto-renewal with the credit card entered above and you'll never miss a payment. You can opt out of this service at any time. *View the Direct Debit Request (DDR) Terms and Conditions at www.medicalert.org.au/auto-renewal*

I confirm that I have read and agree to the Direct Debit Request (DDR) Terms and Conditions and wish to register for auto-renewal of my membership.