

ARTHRITIS NSW PROGRAM ENROLMENT FORM



Class details

Venue: Day: Time:

Personal details

Member number: Name:

Address:

Phone (home): Phone (mobile):

Email address:

Payment details

(NB: payment may be made by **credit card**, please complete relevant details:

Credit Card Please circle: **VISA / MASTERCARD**

Name on card: Card number:

Expiry date: CVC Code:

Signature:

Payment Receipts will be issued upon processing payment

Health fund claim receipt required? Please note applicable to Lane Cove, Anglicare Castle Hill, Lady Davidson Private Hospital, and Wollongong classes only. Health fund receipts will be issued at the end of term.) Yes No

Consent

(Please tick boxes to indicate consent. NB: Consent to all three conditions is required to enrol in the classes.)

- Payment for the next term will be charged to the credit card details provided at enrolment 2 weeks prior to the first week of the term unless I notify Arthritis NSW of any changes or cancellations.
- I authorise Arthritis NSW to share my personal and health information with the class instructor.
- I have read, understood, and agree to abide by the Participant Policy.

Signed: Date:

Please return to:
Arthritis NSW: Locked Bag 2216 NORTH RYDE NSW 1670 or F: 02 9857 3399

Office use only:

Payment: Total: \$ _____ Processed/Enrolled **Entered:** Payment type Y/N Health Fund Receipt Education Bites
 MC/Attendance sent Confirmed