

PLEASE PRINT CLEARLY

Membership No. (office use only)

Your Personal Information

Mr Mrs Miss Ms Other

Given Name(s)

Surname

DOB / / F M

Postal Address

Suburb

State Postcode

Phone (H) () Phone (W) ()

Mobile

Email

Medicare Number (optional)

Emergency Contact (is able to update/access member file if required)

Mr Mrs Miss Ms Other

Given Name(s)

Surname

Relationship

Residential Address

Suburb

State Postcode

Phone (H) () Phone (W) ()

Mobile

Email

Doctor Information

Name

Medical Centre

Address

Suburb

State Postcode

Phone ()

Acceptance

I have read the Terms and Conditions and agree to be bound by them and I understand the Foundation charges an annual membership fee for its continued service.

Parent/guardian to sign for a child under 18 years of age

I am the parent/legal guardian of the member and am authorised to complete this application on behalf of the member. I have read the Terms and Conditions and agree to be bound to them and I understand the Foundation charges an annual membership fee for its continued service.

Signature

Date / /

Membership Terms and Conditions can be found at www.medicalert.org.au

Your Medical 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, requests & additional emergency contact details)

Medical History (e.g. major surgery & year performed)

Records kept at: (name of hospital)

File No: Blood group:

Medical Authentication (this is optional but highly recommended)

Your immediate protection is our highest priority and MedicAlert® Foundation understands that it is not always convenient to obtain your healthcare provider's signature to authenticate your medical information immediately. Please consider having this information confirmed the next time you visit your doctor. MedicAlert Foundation reserves the right to request specific healthcare provider authentication for individual medical conditions at the time of joining.

Doctor/Healthcare Provider - To the best of my ability I believe that the medical information provided is current and correct.

Doctor/Healthcare provider's Signature

Name

Profession Date / /

Organ Donation

To record your organ/tissue donation wishes please indicate below.

Specify organ/tissue: Any needed organ

To ensure your wishes are known please discuss with your family and register with the Australian Organ Donor Register (www.medicareaustralia.gov.au).

*Australasian Society of Clinical Immunology & Allergy

Engraving

If you have trouble completing this section please tick this box and a Membership Services Representative will contact you when we receive this form to discuss your requirements or call us on 1800 88 22 22 (Monday - Friday, 9am-5pm CST).

Based on your emblem selection (refer to page 17), please complete the applicable engraving section (below or right) using only the available lines of engraving (see emblem sizes, eg. D standard bracelet = 4 lines engraving).

Emblem A, B, DT

Line 1

Line 2

Line 3

Line 4

Line 5

Line 6

Line 7

Do not hyphenate words and allow for one space between each word. Standard medical terminology and abbreviations are used.

Should your information not fit into the spaces available, please select another size emblem. Any information not engraved on your emblem will be recorded on the 24/7 confidential database and listed on your Membership and Fridge Cards.

Emblem C, D, E

Line 1

Line 2

Line 3

Line 4

Line 5

Package Deal

Add a Stainless Steel bracelet or necklet from the Stainless Steel Collection to your order below for only **\$30.00** extra.

A stainless steel emblem is recommended for everyday use which provides interchangeability and therefore prolongs the life of your sterling silver, gold-filled or gold emblems.

Go to www.medicalert.org.au to view other specials.

Product Order

Qty	Code	Length (cm)	Description	Price
Donation	As a non-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 maintain our awareness programs. All donations \$2.00 and over are tax deductible.			

Postage & Handling \$6.00

Total \$

Payment Details *(Please DO NOT send cash in the mail.)*

Enclosed is my cheque/money order \$

Credit Card Visa Mastercard

Card Number

CVV

Expiry Date /

Cardholders Name

Total Amount \$

Cardholder's Signature

Payment Options



Post Application Form with payment enclosed to:
MedicAlert Foundation
GPO Box 9963
ADELAIDE SA 5001



Fax/Email both sides of this Application Form with your credit card details completed to:
FREEFAX 1800 64 32 59
EMAIL enquiry@medicalert.org.au



Phone Membership Services on
FREECALL 1800 88 22 22
Monday - Friday 9am - 5pm CST

Where did you hear about us? General Practice Pharmacy Hospital Specialist Advertising Word of Mouth Internet Other