

The Purple Bucket Foundation Inc.

IA 40446 ABN 31 318 791 600

Membership Application Form

Title _____ First Name _____ Surname _____

Address _____

Suburb _____ State _____ P/Code _____

Phone () _____ Work () _____ (Please include area code).

Mobile _____ Email _____

Skype _____ D.O.B _____



Confidentiality is an extremely important part of confident communications. True confidentiality goes as far as knowing what has been said in one discussion will not be brought up or even hinted at, in any other discussion on the same day or otherwise. All communications of a personal nature, between all members of The Purple Bucket Foundation Inc., unless stated otherwise, are confidential.



There are laws against bullies; cyber bullies included. If someone manipulates you, you are a victim; if you act upon their requests and intimidate or attempt to manipulate others, you are not only a victim but a bully yourself. If you perpetuate a scenario or situation to provoke ill thought from others towards another, you're not only participating in bullying you're inciting others to do the same. The Purple Bucket Foundation Inc., will NOT tolerate bullying.

I hereby apply for membership of The Purple Bucket Foundation Inc. (TPBF) and agree to be bound by the Rules and Constitution of The Purple Bucket Foundation Inc.

Signature _____

Type of Membership:

NEW		RENEWAL		RECEIPT
<input type="checkbox"/>	Individual	\$20 P/yr	<input type="checkbox"/>	<input type="checkbox"/> Y / N <input type="checkbox"/>
<input type="checkbox"/>	International Associate	\$10 P/yr	<input type="checkbox"/>	<input type="checkbox"/> Y / N <input type="checkbox"/>
<input type="checkbox"/>	Corporate	\$50 P/yr	<input type="checkbox"/>	<input type="checkbox"/> Y / N <input type="checkbox"/>

Payments: *Donations over \$2.00 to The Purple Bucket Foundation Inc. are tax deductible.*

<input type="checkbox"/>	Cheque / Money Order (Please make payable to The Purple Bucket Foundation Inc.)		The Purple Bucket Foundation Inc.
<input type="checkbox"/>	Direct Deposit / Electronic Transfer	Date of Deposit: / / 20	BSB 014-585
<input type="checkbox"/>	Donation: \$ _____	Date of Deposit: / / 20	A/C 2071-27703

Receipt Number for any Electronic or Branch Deposits: _____

Additional Information:

<input type="checkbox"/>	I live with CRPS type 1 (RSD)	<input type="checkbox"/>	I live with CRPS type 2 (Causalgia)
<input type="checkbox"/>	I live with CRPS (don't know which one)	Year Diagnosed: _____	
<input type="checkbox"/>	I live with Chronic Pain	Diagnosis _____	Diagnosed: _____
<input type="checkbox"/>	I'm a family member or carer of someone living with CRPS,	or	<input type="checkbox"/> Chronic pain.
<input type="checkbox"/>	I'm a concerned member of the public,	or	<input type="checkbox"/> Corporate offering my support.
<input type="checkbox"/>	I'm a Registered Australian Medical Professional - (please specify)		

The Purple Bucket foundation collects and uses this personal information for member management, and to provide members with information about CRPS and Chronic Pain, from management to research. Your information will not be shared with anyone beyond The Purple Bucket Foundation Inc.

Please post completed form to:

The Purple Bucket Foundation Inc. PO Box 5602, Torquay, Qld 4655. or email to: members@tpbf.org.au
The Purple Bucket Foundation Inc. is endorsed as a deductible gift recipient under 1.1.6 registered health promotion charity.

Office use only: Date received: ___/___/20___ Approved Y / N If No give reason _____ Member Number: _____
Secretary signature: _____ Date: ___/___/20___