

	Member Price Incl GST	Non-Member Price Incl GST	Total Postage	Sub- total
Membership:*				
Annual Membership	\$50			
Annual Membership (Financial Hardship)	\$5			
Information Resources:				
ICP Guidelines for Medical Practitioners (2012)	\$4.50	\$4.50	\$2.30	
A Clinical Case Definition & Guidelines for Medical Practitioners: An Overview of the Canadian Consensus Document (2005)	\$2.00	\$2.00	\$2.30	
Back Issue Emerge Journal	\$5.00	\$5.00	\$2.30	
Postage costs: Any two Information Resources			\$2.90	
Postage costs: Any three-four Information Resources			\$4.10	
Books:				
Darcy Shedden 'My Teenage Son Had Chronic Fatigue Syndrome – A Mother's Tale of ME/CFS' (2013)	\$20.00	\$25.00	\$8.05	
Dr Rosamund Valling's 'Chronic Fatigue Syndrome/ ME Symptoms, Diagnosis, Management' (2012)	\$20.00	\$25.00	\$8.05	
Donations:				
Unconditional Donation to Emerge Australia (All unconditional donations over \$2 are tax deductible)				
			TOTAL	

* **Note:** It's now possible to join/renew your membership & purchase resources online at www.emerge.org.au

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Payment Information:

Cheque or Money Order	Enclose a cheque/money order made out to Emerge Australia & return to: Ross House 247-251 Flinders Lane Melbourne VIC 3000
Direct Deposit	Please transfer your payment, <u>using your surname & postcode as a reference to:</u> Commonwealth Bank of Australia Account name: Emerge Australia BSB: 063-204 Account number: 1001 9890 Please record date of transaction: <input type="text"/> Please <u>notify the office by phone</u> or <u>return this form to:</u> Ross House 247-251 Flinders Lane Melbourne VIC 3000 if making a direct deposit.
Credit Card	Please charge my: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Card number: _____ Card expiry date: _____ Cardholder's name: _____ Please charge my card this amount: \$ <input type="text"/> Payments made by credit card can be phoned through to the office if preferred: (03) 9529 1344.
Signature: _____ Date: _____	

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