



Title _____ **First Name** _____ **Surname** _____

Address _____

Suburb _____ **State** _____ **P/Code** _____

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

Mobile _____ **Email** _____

Skype _____ **D.O.B** _____
(For meetings) (Optional).

Type of Membership:

NEW	RENEWAL	RECEIPT	Promo Code _____
Individual \$1.00 P/yr.		Y / N	
International Associate \$10 P/yr.		Y / N	
Corporate \$50 P/yr.		Y / N	

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 _____



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.

Payments:

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

Cheque / Money Order (Please make payable to The Purple Bucket Foundation Inc.)

Direct Deposit / Electronic Transfer

Branch Deposit.

The Purple Bucket Foundation Inc
BSB 014-585
A/C 2071-27703

Donation: \$4 \$9 \$14 \$19 Other \$ _____

Receipt Number for any Electronic or Branch Deposits: _____ **Date of Deposit:** ____ / ____ / 20 ____

Additional Information:

I live with CRPS Year Diagnosed: _____

I live with Chronic Pain - (please specify) _____

I'm a family member or carer of someone living with CRPS, or Chronic pain.

I'm a concerned member of the public, or Business offering my support.

I'm a Registered Australian Medical Professional - (please specify) _____

The Purple Bucket foundation collects and uses 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 return completed form to:

The Purple Bucket Foundation Inc. PO Box 5602, Torquay, Qld 4655. or email to: members@tpbf.org.au

Office use only:

Member Number: _____

Date received: ____/____/20____ Approved Y / N If No give reason _____

Secretary signature: _____ Date: ____/____/20____