



Australasian Leukaemia & Lymphoma Group Community Membership Application Form

A Community Member of the ALLG is a person who must support the Company. Community Members shall remain a Member for five years, unless sooner determined. At the expiration of this term, unless the membership may be renewed for a further five year term as the Board sees fit, the Community Member is removed and ceases to be a Member in line with the Constitution, rule 6.

Full Name: _____
Title _____ First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Postcode: _____

Country: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Community Affiliations:

Support Group Networks: _____

Cancer Councils: _____

Health Organisations: _____

Boards Appointments: _____

Advisory Groups: _____

Other Affiliations: _____

- Yes No Have you previously held membership of ALLG?
- Yes No Would you like to find out how you can get involved or support ALLG to help promote the organisation?
- Please tick if you need access to the ALLG 'Member Login' area of the website. If you require access, please state the below:
Place of employment: _____
Reasons for access: _____

Your reasons for wishing to become a Community Member of the ALLG:

APPLICANT:

I _____ wish to join the ALLG as a Community Member. I hereby agree to abide by the constitution of the Australasian Leukaemia & Lymphoma Group as long as I remain a Community Member.

Signature: _____ Date: _____

Important Information

Please email, post or fax the completed form to the ALLG (details below); relevant ALLG information will be sent to you on receipt of your completed application form.

Australasian Leukaemia & Lymphoma Group (ALLG)
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Phone: 03-8373-9702 | Fax: 03-9429-8277
Email: dilupa.uduwela@allg.org.au