Australian Haemophilia Centre
Directors' Organisation

Australian Haemophilia Centre Directors' Organisation Inc.
ABN 84 038 853 526

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Phone/Fax: 03 9885 1777
Email: info@ahcdo.org.au
Website: www.ahcdo.org.au

New Associate Membership Request

Thank you for your interest in AHCDO.

In order to become an Associate Member you must be a clinician interested in promoting AHCDO's aims and objectives and be actively involved in the treatment of people with bleeding disorders. There is no fee to join AHCDO.

AHCDOs objectives are:

- to advance care and treatment of people with haemophilia in Australia;
- to advance the education of the medical profession and the broad range of health professionals associated with people with haemophilia in the knowledge of haemophilia and its treatment;
- to promote haemophilia research, and to disseminate the results of such research;
- to liaise with, and provide information and advice to Haemophilia Foundation Australia, Federal, State and Territory Governments, and other such bodies involved in the welfare of people with haemophilia in Australia.

Your membership application will be considered by the AHCDO Chairperson and you will be contacted shortly.

Private Sector Privacy Legislation

AHCDO complies with the national privacy legislation, The Privacy Amendment (Private Sector) Act 2001, effective December 21, 2001. Personal information that Members provide, or which was provided prior to December 21, 2001, will only be used or disclosed by the Organisation in accordance with the National Privacy Principles, for purposes directly related to membership of the Organisation, including providing members with information about Organisations meetings and activities. In such circumstances the Organisation will use all reasonable efforts to ensure that the recipient handles such personal information in accordance with appropriate privacy principles and only for the purpose for which it was provided. Future requests for any Member to provide or update personal information will be accompanied by a request for the Member's consent for any disclosure of that information in accordance with the privacy legislation.

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I wish to apply for Associate membership of AHCDO and acknowledge my eligibility

In the event of my admission as an associate member, I agree to be bound by the Rules of the Organisation for the time being in force.

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Signature of applicant Date

Name	
Position	
Institution	
Address	
State	
Postcode	
Bus Tel:	
Mobile:	
Bus fax:	
Email:	