

Scoliosis Support Group of Queensland Inc.

37 Oleron Tce
PETRIE QLD 4502
Phone & fax 1800 722 257

Membership registration form

1. Please complete your mailing label:

Name:
Address:
Suburb/Town:
Postcode:

2. Are you willing to be contacted by other members who are seeking support?

Yes (go to 3.) No (go to 4.)

3. Please supply some details:

Name of person with scoliosis: Year of birth:

Phone no: Email:

Your experience with scoliosis, eg age at diagnosis, treatment, specialist's name:

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4. *"I have an interest in scoliosis"*

Date: / / 200 (your signature)