

The AIMS of this support group are to:

- Provide support for people living with lymphoedema:** Many people with lymphoedema have no contact with others who have the condition and as a result feel 'different' and isolated. The Lymphoedema Support group of NSW, through its various meetings, provides a safe place for a gathering of patients, family members and friends where they can share experiences, vent anger, sorrow etc., as well as cultivate a positive fighting attitude
- Provide information and education on lymphoedema to the individual and their families:** By providing information about lymphoedema and reassurance that it can be managed, the support group can help alleviate feelings of helplessness and hopelessness. Information can be given on such issues as: understanding what lymphoedema is; principles of management and details of current methods of treatment; how to access management; and, other related educational topics
- Increase awareness of lymphoedema and possible management strategies**
- To improve access and equity for people living with lymphoedema**

Meetings

- Upper North Shore -
Natalie Sims: 0403 190 106
- South Eastern Sydney -
Orsi Kokai: 0424 286 869
- Hunter/Maitland -
Joy-Anne Ryder: 02 4959 7373
- Mid North Coast/Port Macquarie -
Heidi Hughes: 02 6580 1845
- Coffs Harbour -
Lyn Williams or Paul Killey: 02 6656 5745
- Penrith and Blue Mountains -
Robyn Yates: 02 4782 4866; 0408823266
Michael Bryant: 02 4782 2556; 0402575769
- Upper Hunter/New England/North West -
Sophie O'Neill: 0407 913 123
Jody Peatling: 0409 354 548
- Wagga Wagga - (no meetings)
For info: Sally Padgett: 02 69386364
sally.padgett@health.nsw.gov.au
- South Western Sydney - (no meetings)
For info: (02) 9828 4703
- Western Sydney - (no meetings)
For info: email Brenda Gutierrez:
brenda.gutierrez@health.nsw.gov.au
Ph: 02 8890 6500

Updated Jan 2019

Membership Application

I would like to apply for new membership

I would like to renew my membership

Date _____

First name _____

Surname _____

Postal address _____

Suburb _____

Postcode _____

Phone (H) _____

Phone (W) _____

Mobile _____

E-mail _____

Signature _____

Please complete ALL the above details, as well as the form over the page, even if you are only renewing your membership.

Detach form & post with your payment
or EFT notification to:

Lymphoedema Support Group of NSW
PO Box 58
WAHROONGA NSW 2076

Your age?

- | | | | |
|----------|--------------------------|---------|--------------------------|
| under 20 | <input type="checkbox"/> | 20 - 29 | <input type="checkbox"/> |
| 30 - 39 | <input type="checkbox"/> | 40 - 49 | <input type="checkbox"/> |
| 50 - 59 | <input type="checkbox"/> | 60 - 69 | <input type="checkbox"/> |
| 70 - 79 | <input type="checkbox"/> | 80 - 89 | <input type="checkbox"/> |

Gender?

- | | | | |
|--------|--------------------------|------|--------------------------|
| Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
|--------|--------------------------|------|--------------------------|

Occupation _____

Please tick the following box as you feel is most appropriate to you:

- I am a health care professional
- I am a carer
- I am at risk of developing lymphoedema
- I have been medically diagnosed as having lymphoedema

My lymphoedema affects:

- my arm/s
- my leg/s
- other _____

I have been diagnosed as having:

- Secondary lymphoedema
- Primary lymphoedema
- Unsure

I wish to receive newsletter via email:

- Yes No

I have made payment via:

Cheque/Money Order enclosed

EFT - transferred on date/...../.....

For Office use only:

Payment: Cash Cheque Money order EFT

Receipt Number: _____ Database _____

The membership year will now run for 12 months from March 1st each year.

Please renew your membership by March 1st each year by sending in the application form and payment.

Thank you for your continued membership. New member applications are most welcome.

Membership Fee: \$15 per year

PAYMENT can be made via:

➤ Cheque or money order payable to:

Lymphoedema Support Group of NSW

➤ EFT (Electronic Funds Transfer) to:

- Account Name:

Lymphoedema Support Group of NSW INC

- BSB: 062 210 Acc. No: 1041 7597

- Payer: Please quote your full name

Nb: Membership via EFT payment **cannot be processed until your membership form has been received by us.** Please send it once you have made the EFT payment.

Please post your completed Membership application form and membership fee to:

Lymphoedema Support Group of NSW,

PO BOX 58

WAHROONGA NSW 2076

For further information please visit our website:

www.lymphoedemasupport.com

or email us:

lymphformation@yahoo.com.au



Providing support
for people living
with lymphoedema

Membership
Application and
Renewal