

# APPLICATION FOR MEMBERSHIP OF LIVING KIDNEY DONOR PROGRAM INC.

ABN 76 605 701 086



I,  
.....  
*[full name of applicant]*

of  
.....

.....  
*[address]* Postcode: .....

Tel. No: ..... Mob. No: .....

E-mail address: .....

I am a Kidney Donor

I am a Kidney Recipient

I support the Living Kidney Donor Program

*[Select one only]*

I hereby apply to become a member of the above named incorporated Living Kidney Donor Program Inc.  
In the event of my admission as a member, I agree to be bound by the constitution of the association for the  
time being in force.

.....  
Signature of applicant Date

## Membership Fees, Subscriptions and Donations

Entrance Fee ..... \$5.00

Annual Subscription ..... \$5.00

**Total Fees and Subscriptions** ..... \$

DGR (Deductible Gift Recipient) Donation  
All DGR donations in excess of \$2 are tax deductible ..... \$

**Total Paid including Donations** ..... \$

**Association's Bank Account:** *(Payment can be made by Direct Deposit)*

**Bank:** Commonwealth Bank Ltd.      **Account:** Living Kidney Donor Program Inc.

**BSB Number:** 062-000      **Account Number:** 1588 4845

*(Please provide your surname and Initial as a reference)*

**Return completed form to:** The Secretary, LKDP Inc., 1 Wella Way, Somersby, NSW 2250  
**or to the Renal Office at the RNSH or print and e-mail to** lkdp@livingdonor.com.au

# RNSH LIVING DONOR SUPPORT PROGRAM (DONOR)

We wish to thank you for your involvement in our support program. You have already contributed so much but your experience will be very beneficial to others who are going through the donor workup process. Nothing beats insider knowledge!

We would be grateful if you wish to participate in the program that you fill in the following consent form.

I agree to participate as a support person in the Living Donor Program.

I accept that it is my responsibility to provide true and accurate information to the potential donor in a timely fashion and be available for contact.

I understand that any discussion that I have with a potential donor will be independent and impartial. I will provide them with information and not coerce a potential donor.

I understand that if I participate in the program and therefore have contact with potential donors I do so at my own risk.

I have read the above and consent to participate in the program

Name:

.....

Year of Birth:

.....

Address:

.....

Signature:

.....

Witness:

Witness Signature:

.....

Preferred mode of contact in order to set up your profile:

Phone

.....

Email

.....

Liaison contact details for  
RNSH Donor Support Program:

**Administration Officer**

Tel: 0439 936 101

Email: lkdp@livingdonor.com.au

