

The AIMS of this support group are to:

- 1. 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
- 2. 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
- 3. Increase awareness of lymphoedema and possible management strategies to health care professionals.**

Meetings

Regular meetings are held at:

- **Western Sydney -**
Katrina: (02) 9845 6500
- **South Eastern Sydney -**
Liane O'Brien: (02) 9113 2163
- **Northern Sydney -**
Carolyn Cooper: 0438773978 or
Helga Palmer: (02) 4370 1002
- **Upper Hunter/New England -**
Alison Waugh: 02 6760 9042.
- **Hunter -**
Joy-Anne Ryder: 02 4959 7373
or Sue Harley: 02 4930 7115
- **Central Coast -**
Debbie Cooper: 0409713730 or
Kathy Bruderlin: 0421363865
- **Coffs Harbour -**
Lyn Williams: 02 6656-5745
- **South Western Sydney**
(no meetings at present)
For info: Theresa: (02) 9828 4703

New Membership application

I would like to apply for new membership

Date _____

First name _____

Surname _____

Postal address _____

Suburb _____

Postcode _____

Phone (H) _____

Phone (W) _____

Mobile _____

E-mail _____

Membership Renewal

I would like to renew my membership

Date _____

First Name _____

Surname _____

Please complete the above address and contact details if changed since last membership renewal.

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 Male

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

For Office use only:

- Payment type Cash
 Cheque
 Money order

Receipt Number: _____

Membership Fee: \$10 per annum.

The membership year is from July 1st - June 30th.
Fees fall due July 1st each year.

Please make cheques payable to:

Lymphoedema Support Group of NSW

Please forward your completed registration form and subscription to:

Lymphoedema Support Group of NSW,
PO BOX 58
WAHROONGA NSW 2076

For further information please call
the Support Group phone line on
02 9402 5625



Providing support
for people living
with lymphoedema

Membership
Application and
Renewal