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**DATABASE REGISTRATION FORM**

Reasons for maintaining a database of women living with LAM in Australia include:

- 1 being aware of women in each state of Australia who are living with LAM
- 2 supporting women living with LAM (WLWL) by talking and emailing them, organising meetings and distributing news and information
- 3 encouraging WLWL and their support networks to be involved in our activities.

**PRIVACY STATEMENT**

- ✚ **Names and details provided for registration remain strictly confidential.**
- ✚ **No information provided will be provided to any person or organisation without the express permission of the individual concerned.**
- ✚ **Personal stories and other details will be published only with the full consent of the individual concerned.**

Please initial the boxes, add the information requested and sign below:

*I have read and accept the information above.*

*Please add me to the database of women living with LAM in Australia.*

*I consent to being contacted by a representative of LAM Australia.*

TITLE FIRST NAME FAMILY NAME OF APPLICANT (BLOCK LETTERS)

of POSTAL ADDRESS

SUBURB STATE POSTCODE DATE OF BIRTH

TEL (H OR W?) MOBILE EMAIL

NEXT OF KIN RELATIONSHIP EMAIL

NAME OF SPECIALIST HIS/HER WORKPLACE DATE OF DIAGNOSIS

SIGNED BY APPLICANT DATE

Please mail, fax or email the completed form. Many thanks, LAM Australia Research Alliance.  
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*Together we can conquer LAM*