



# PARKINSON'S NSW

## Membership Form

Macquarie Hospital, Building 21  
 120 Coxs Road, North Ryde NSW 2113  
 Postal Address: PO Box 71  
 NORTH RYDE BC NSW 1670  
 Phone – 8875 8900  
 Fax – 8875 8999  
 Info Line: 1800 644 189  
 Email: [pnsw@parkinsonsnsw.org.au](mailto:pnsw@parkinsonsnsw.org.au)  
 Tax Invoice – ABN 93 023 603 545

New Member: YES/NO

Renewal: YES/NO

Are You a War Veteran: YES/NO

War Widow: YES/NO

Mr/Ms/Mrs/Other: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**JOINT MEMBERSHIP:** Each member may nominate a joint member. Please complete details of your nomination:

Name: \_\_\_\_\_ Relationship to member \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel No.: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob.) \_\_\_\_\_

### RATES EFFECTIVE AS OF 1 APRIL 2008

Individual Membership	\$35.00	\$
Professional Membership	\$75.00	\$
Organisational Membership (inc NFP)	\$100.00	\$
Life Membership	\$350.00	\$
Donation <i>(Donations of \$2 or more are tax deductible)</i>		\$
<b>TOTAL</b>	(Membership subscriptions includes GST)	\$

**Please Note:** Persons joining shall pay the full prescribed fee for the current year, except those joining in April, May and June of each year in which case membership shall continue until June 30 the following year.

**FOR NEW MEMBERS** (would you mind completing the optional information below. All information is confidential).

Do you have Parkinson's: YES / NO

**If YES:** Birth Date: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_

**If NO:** Are you a:  RELATIVE  FRIEND  FAMILY MEMBER

• Are you a Health Provider and in what capacity \_\_\_\_\_

• Please indicate if you wish your name and address to be forwarded to a Support Group: YES / NO

**DO YOU REQUIRE ADDITIONAL INFORMATION ON:**

Info pack  Support Groups  Wills/Bequests

Volunteer Work for Parkinson's NSW  Brain Bank Donor Program

**METHOD OF PAYMENT**

Enclosed please find (please tick one):

Cash  Cheque/Money Order/Postal Note or  Debit my Credit Card as follows:

Please debit the amount of \$ \_\_\_\_\_ to my:  AMEX  Visa  MasterCard

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Cardholders Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_