



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
 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 June 2011

Pensioner	\$15.00	\$
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>)		\$
TOTAL	(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 Wills/Bequests 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: ____/____

CCV (3 digit security no): _____

Cardholders Name: _____ Signature: _____