



# MEMBERSHIP FORM

New Member

Renewal

Please tick appropriate category

I wish to apply for/renew membership of the Association and enclose my membership subscription of Twenty Five Dollars (\$25) for the current financial year.

Applicant's Name .....

Address .....

.....

Phone No. ....

Email Address:.....

Subscription year .....

.....  
(Signature)

If you are applying for a family membership for no extra fee, please supply your family member's name.

.....

Family membership includes a person who has Parkinson's disease and their spouse, partner, close relative or friend. A 'Family Member' is a full member of the Association who may participate in all activities and vote at general meetings of the Association.

How would you like to receive your newsletter? By email  OR By Post

I would also like to make a donation of	Donation	\$
<i>(NB All donations over \$2.00 are tax deductible)</i>	Membership Fee	\$
	Total Payment	\$

## METHOD OF PAYMENT

Enclosed please find (please tick one):

Cash  Cheque  Debit my credit card as follows:

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

\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp Date \_\_/\_\_/\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please forward completed form and membership payment of \$25 to:  
**Treasurer, Parkinson's ACT Inc, SHOUT Office, P O Box 717, MAWSON ACT 2607**

Parkinson's ACT Inc use only: Receipt No.....Date.....

Information Pack sent  Date sent.....