

MEMBERSHIP FORM

PH: 02 6290 1984 ABN: 27 296 341 735 www.parkinsonsact.org.au PO Box 433 JAMISON CENTRE, ACT 2614 PRIVACY: Your information will not be shared with any other entity without your permission and will only be used for contact by PACT Application as: New Member □ or Renewal □ - Membership Number: Membership includes a partner, relative or friend who is entitled to participate in activities and vote at general meetings. The demographic information we collect helps us to target information and activities to your needs. Member 1: Title: Are you still working? Mr Mrs Ms Dr Yes No First Name: Last Name: Role: I have Parkinson's Spouse/Partner Carer Friend Health Professional Other: Family member Age when diagnosed: 61-70 71-80 >80 →Year of Birth 41-50 31-40 51-60 <30 Member 2: Title: Are you still working? Mr Mrs Dr Yes Ms No First Name:Last Name:Last Name: Role: Other: I have Parkinson's Spouse/Partner Health Professional Friend Carer Family member Year of Birth Age when diagnosed: 31-40 71-80 61-70 <30 41-50 >80 51-60 **EMAIL AND MAILING ADDRESS FOR THE MEMBERSHIP** Email (Member 1): (Member 2): Street: City/Suburb: State: Post Code: Phone: Mobile: Signature: Date: Parkinson's ACT is entirely run by volunteers. Would you like to indicate if you are willing to volunteer to help with: **Support Groups: Events:** Serving on the Committee:

Details of Fees and Payment Options are overleaf.

- 1 - /over

| MEMBERSHIP FEES | Please Tick |
|------------------------------------|-------------|
| | |
| 1 Year \$30* | |
| 2 Years \$55 | |
| 3 Years \$75 | |
| Donation included (over \$2 is tax | \$ |
| deductible) | |
| TOTAL PAYMENT | \$ |
| | |

| PARKINSON'S ACT OFFICE USE ONLY | DATE |
|---------------------------------|------|
| Membership expiry checked | |
| PACT email list updated | |
| PACT database updated | |
| New member welcome letter sent | |
| PACT Secretary | |
| Receipt number | |

| * Membership Fees are for the Financial Year (ending 30th June). New members joining between January and June are financial until the following year. For example: if joining in April 2020 your first year ends 30th June 2021. |
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| Payment Method Options (tick one): |
| |
| Bank Transfer (EFT) to Parkinson's ACT BSB 641 800 ACCOUNT 200 603 258 Please use surname, initials AND membership number (if known) as reference |
| Date paid: |
| Please send this completed form to the PACT Treasurer by post to PO Box 433 JAMISON CENTRE, ACT 2614 or email to |
| actparkinsons@gmail.com |
| Or: Cheque made payable to: Parkinson's ACT and sent by post with this completed form to: The Treasurer, PO Box 433 JAMISON CENTRE, ACT 2614 |
| Or: |
| CREDIT CARD: Please debit the above amount from my credit card: |
| /Expiry Date:/ CVV: |
| Cardholder's Name: Signature: |
| Please send this completed form by post to The Treasurer , PO Box 433 JAMISON CENTRE , ACT 2614 (If paying by credit card, for security reasons please do not email this form.) |