

PO Box 433 JAMISON CENTRE, ACT 2614 PH: 02 6290 1984 ABN: 27 296 341 735 www.parkinsonsact.org.au

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?

First Name: Last Name:

Role:

Age when diagnosed: → Year of Birth

Member 2: Title: Are you still working?

First Name: Last Name:

Role:

Age when diagnosed: → Year of Birth

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:

Details of Fees and Payment Options are overleaf.

