



MEMBERSHIP FORM

New Member OR Renewal For Financial Year _____

Benefits of becoming a member of Parkinson's Queensland Inc include:

- ❖ receiving the Parkinson's Qld Quarterly Magazine
- ❖ access to our lending library/ resources
- ❖ notification of special events
- ❖ voting rights at General Meetings

MEMBERS/GROUP DETAILS:

Mr/Mrs/Ms/Other: _____ First Name: _____ Surname: _____

Group/Organisation Name _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Male Female

Family/Carer's Name _____

Membership fees are due annually - 1st July each year. Please tick (✓) one of the following boxes:

Please note: Persons joining shall pay the full prescribed 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

Individual Membership	\$30.00 (includes GST)	
Family Membership: Available for two people from the same family with one address.	\$45.00 (includes GST)	
Group Membership: Available to smaller external organisations/ associations.	\$67.00 (includes GST)	
Life Membership: Available for one person only.	\$300.00 (includes GST)	
Family Life Membership: Available for two people from the same family with one address.	\$450.00 (includes GST)	
Corporate Membership: Available to large external companies/ organisations.	\$550.00 (includes GST)	
Donation (Donations \$2 and over are tax deductible)	Donations GST free	\$
Please provide payment details overleaf	TOTAL	\$

*Rates Effective as of 30 June 2010

*For payment options see over

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

Do you have Parkinson's: YES/NO (please circle) Or any other relative disorder. Please specify _____

IF YES: Date of Birth _____ Date Diagnosed _____

IF NO: Are you a: CARER FAMILY MEMBER FRIEND

Name of person you are caring for _____

* Please indicate if you wish for your details to be forwarded to a Support Group YES/NO

* Are you a Health Provider and in what capacity _____

Please make payment to: Parkinson's Queensland Inc

Payment method: (Please tick) Cheque Money Order Credit card

Please complete this section only if you wish to pay by Credit Card.

Please debit the amount of \$ _____ to my: _____
  

Expiry Date: _____
Cardholder's Name: _____
Signature: _____ Date: _____

Where did you hear about becoming a member of Parkinson's Queensland Inc?

- Neurologist / Doctor Website Family/ friend
 Telephone book PQI literature / promotions Self
 Media (mag/paper/tv) Support Group Other (Specify) _____

DO YOU REQUIRE ADDITIONAL INFORMATION ON:

- Info Pack Support Groups Wills/Bequests Volunteer Work for Parkinson's Qld

I hereby apply for membership of Parkinson's Queensland Incorporated and agree to comply with and be bound by the PQI Constitution.

Signed:..... Date:.....

Office Use Only:

New Membership:

Membership No:

Receipt No:

Receipt Sent:

For Renewal:

Membership No:

Receipt No:

Receipt Sent:

Entered on database: