

# Membership Form

Membership with Parkinson's Queensland ensures that you receive the **Connections** magazine which is packed full of news, information on research, symptom management, personal stories, upcoming events and activities.

Members also receive discounted admissions to attend Parkinson's Queensland seminars and events and have access to our library to borrow resources.

Importantly, your ongoing membership assists us to have a greater voice as we lobby governments for improved services and support for people living with Parkinson's.

We value your support, and ask that you encourage friends and family to join with us.

Our membership year is 1 July to 30 June

**Please complete the form below and return to:**

Parkinson's QLD, PO Box 1684, Springwood  
QLD 4127 or Fax: (07) 3209 1566 or Email:  
supportservices@parkinsons-qld.org.au

*Parkinson's Queensland is collecting your information to process your application for membership. Your information will not be disclosed to any third party but may be used by Parkinson's Queensland for the provision of its services. See our Privacy Policy at [www.parkinsons-qld.org.au](http://www.parkinsons-qld.org.au).*

**All applications are considered by Management Committee at first Committee meeting following receipt of application, and applicants advised soon thereafter.**

NEW MEMBER     RENEWAL

**2016/2017**

## PRIMARY MEMBER (This should be the person with PD where appropriate)

Title: Mr / Mrs / Ms / Miss / Dr / Rev    First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Organisation Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male     Female    Date of Birth:    /    /

Do you have PD or related disorder?: PD, MSA, PSP, Dystonia or other: \_\_\_\_\_

Neurologist: \_\_\_\_\_ Year Diagnosis: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If NO PD are you:  Carer (name of person caring for) \_\_\_\_\_  Partner     Family Member

Friend     Health Provider – in what capacity? \_\_\_\_\_

I, the undersigned, hereby apply for membership of Parkinson's Queensland Inc. and agree to comply with and be bound by the PQI Constitution and Privacy Policy (available in hard copy from PQI Head Office - call (07) 3209 1588 or online at [www.parkinsons-qld.org.au](http://www.parkinsons-qld.org.au)).

Signature \_\_\_\_\_ Date:    /    /

## SECOND MEMBER (for Family Membership)

Title: Mr / Mrs / Ms / Miss / Dr / Rev    First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male     Female    Date of Birth:    /    /

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Signature \_\_\_\_\_ Date:    /    /

# Membership Form

## OTHER

I would like to receive *Connections* Magazine and other information from Parkinson's QLD via

- Email (be green and save our trees)    Hard Copy Australia Post    I don't want *Connections*.  
 I don't want to be informed about Parkinson's QLD education events and fundraising activities.

How did you hear about Parkinson's QLD?

- Support Group    Family/Friend    PQI Literature  
 PQI Education Session    PQI Event    GP/Neurologist    Internet search    Aged Care Facility  
 Phone Book    Pharmacy    Research    Ancillary Services    Media

## PAYMENT DETAILS

Membership Type (Price includes GST)

- |   |       |   |                |
|---|-------|---|----------------|
| <input type="checkbox"/> Individual Membership                                    | \$35  | <input type="checkbox"/> Family Life Membership<br>(2 People of same Family)            | \$500          |
| <input type="checkbox"/> Life Membership (1 Person Only)                          | \$350 | <input type="checkbox"/> Corporate Membership<br>(Large organisations / associations)   | \$650          |
| <input type="checkbox"/> Group Membership<br>(Small organisations / associations) | \$150 | <input type="checkbox"/> I would also like to make a<br>donation to Parkinson's QLD for | \$_____        |
| <input type="checkbox"/> Family Membership<br>(2 People of same Family)           | \$50  | <b>TOTAL AMOUNT</b>   | <b>\$_____</b> |

Payment Type (please tick)

- Cheque    Money Order   OR Please debit my:    VISA    Mastercard

Name on card: \_\_\_\_\_

Card Number:

Expiry date:   /   /   Signature of Cardholder: \_\_\_\_\_

- I would like information about remembering Parkinson's QLD in my will.

## OFFICE USE ONLY

Membership Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Receipt Sent: \_\_\_\_\_

Entered on Database: Yes / No (please circle)   Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Management Committee Meeting Date Approved: \_\_\_\_\_



**PARKINSON'S QUEENSLAND INC.**

2/25 Watland St Springwood QLD 4127 | T 07 3209 1588 | E [pqi@parkinsons-qld.org.au](mailto:pqi@parkinsons-qld.org.au)

To donate or for further information visit [www.parkinsons-qld.org.au](http://www.parkinsons-qld.org.au)