

PO Box 433 JAMISON CENTRE, ACT 2614 PH: 02 6290 1984 ABN: 27 296 341 735 [www.parkinsonsact.org.au](http://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*

NEW MEMBER  RENEWAL  MEMBERSHIP NUMBER: .....

First Name: ..... Surname: ..... Do you have Parkinson's? Y / N

Name of family member\*: ..... Relationship: .....

\* Membership includes a partner, relative or friend who is entitled to participate in activities and vote at general meetings.

Mailing Address: .....

Phone: ..... Mobile: .....

Email: .....

Signature: ..... Date: .....

PACT MONTHLY BULLETIN: Receive it by Email?  OR Post?

**VOLUNTEERING:** Parkinson's ACT is run by volunteers. Would you like to indicate if you are willing to help with

Major events  or Serving on the committee ?

| MEMBERSHIP FEES (FINANCIAL YEAR)               | Please Tick |
|--|-------------|
| (New members only) January – June \$15         |             |
| 1 Year \$30                                    |             |
| 2 Years \$60                                   |             |
| 3 Years \$90                                   |             |
| Donation included (over \$2 is tax deductible) | \$          |
| <b>TOTAL PAYMENT</b>                           | <b>\$</b>   |

| 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                  |      |

**PAYMENT METHOD OPTIONS:**  Direct Debit  Cash  Cheque  Credit Card

**CREDIT CARD:** Please debit the above amount from my credit card

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

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

**DIRECT DEBIT TO PARKINSON'S ACT: BSB 641 800 : ACCOUNT 200 603 258**

1. Please use surname AND membership number (if known) as reference
2. Date paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Please send this completed form to the PACT Treasurer by post or email to [parkinsons@shout.org.au](mailto:parkinsons@shout.org.au)