

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: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_

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 [actparkinsons@gmail.com](mailto:actparkinsons@gmail.com)

**(For security reasons, if paying by credit card please POST the form to the above address.)**