

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.

| MEMBERSHIP FEES | Please Tick |
|--|-------------|
| 1 Year \$30* | |
| 2 Years \$55 | |
| 3 Years \$75 | |
| Donation included (over \$2 is tax deductible) | \$ |
| TOTAL PAYMENT | \$ |

| 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 | |

*** Membership Fees are for the Financial Year (ending 30th June).
New members joining between January and June are financial until the following year.
For example: if joining in April 2020 your first year ends 30th June 2021.**

Payment Method Options (tick one):

Bank Transfer (EFT) to Parkinson's ACT BSB 035212 ACCOUNT 377686
Please use surname, initials AND membership number (if known) as reference

Date paid: _____

Please send this completed form to the PACT Treasurer by post to **PO Box 433 JAMISON CENTRE, ACT 2614** or email to info@parkinsonsact.org.au

Or:

Cheque made payable to: **Parkinson's ACT** and sent by post with this completed form to:
The Treasurer, PO Box 433 JAMISON CENTRE, ACT 2614
