

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


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:  Mr  Mrs  Ms  Dr Are you still working?  Yes  No

First Name: ..... Last Name: .....


Role:  I have Parkinson's  Spouse/Partner  Carer  Family member  Friend  Health Professional  Other:

Age when diagnosed:  <30  31-40  41-50  51-60  61-70  71-80  >80  Year of Birth

**Member 2:** Title:  Mr  Mrs  Ms  Dr Are you still working?  Yes  No

First Name: ..... Last Name: .....

Role:  I have Parkinson's  Spouse/Partner  Carer  Family member  Friend  Health Professional  Other:

Age when diagnosed:  <30  31-40  41-50  51-60  61-70  71-80  >80  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:

Support Groups  Events  Serving on the Committee:

**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) | \$          |
| <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                  |      |

**\* 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.**

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**Payment Method Options (tick one):**

**Bank Transfer (EFT)** to Parkinson's ACT BSB 641 800 ACCOUNT 200 603 258  
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 [actparkinsons@gmail.com](mailto:actparkinsons@gmail.com)

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**