

Membership Form

2019/2020

Membership with Parkinson's Queensland Inc (PQI) 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 all people living with Parkinson's.

We value you as a member of PQI and ask that you encourage friends and family to join with us.

Our membership year is 1 July to 30 June.

Kindly assist us to ensure we have accurate information by updating your details.

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

All applications are considered by PQI's Management Committee at the first Committee meeting following receipt of application and are confirmed promptly thereafter.

NEW MEMBER

RENEWING MEMBER

DONATION

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.

PRIMARY MEMBER (This could be the person with Parkinson's Disease where appropriate)

Title: Mr / Mrs / Ms / Miss / Other:..... First Name:..... Known as:.....

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 Other:.....

Neurologist:..... Year Diagnosis:..... Country of Birth:.....

If NO PD are you: Carer 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).

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

SECOND MEMBER (for Family Membership)

Title: Mr / Mrs / Ms / Miss / Other:..... First Name:..... Surname:.....

Telephone:..... Mobile:.....

Email:.....

Gender: Male Female Date of Birth:...../...../.....

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

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PAYMENT DETAILS Membership Type (Price includes GST)

\$ 35 Individual Membership

\$ 50 Family Membership - (2 People of same Family)

\$...is my donation to Parkinson's Queensland Inc.

You can pay by Credit Card (Visa/MasterCard)

Card Holder's Name

Card No:

Expiry Date: / CSV:

Signature **X**

Privacy:

Parkinson's Queensland Inc (PQI) values and respects an individual's right to privacy and is committed to safeguarding the privacy of all persons who interact with PQI, including its members, volunteers, donors, employees and users of its electronic media (website, social media). From time to time, we may use the information we collect from you to let you know via mail, email, telephone or online about PQI news, products or services, or to solicit donations. All such communications will include details regarding the recipient's entitlement to 'opt-out' of receiving direct marketing communications from PQI, and PQI will comply with any such 'opt-out' request as soon as practicable. PQI will not sell, rent, share or disclose your personal information to any third party for direct marketing purposes.

Please make cheques payable to Parkinson's Queensland Inc. You can also donate online at www.parkinsons-qld.org.au/support-us/donate/

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 am interested in becoming a monthly donor and would like to know more about how.

I am interested in learning about how to leave a gift to Parkinson's Queensland Inc in my will.

I do not wish to receive further information from Parkinson's Queensland Inc.

How did you hear about Parkinson's QLD?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Support Group | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> PQI Literature | <input type="checkbox"/> PQI Education Session |
| <input type="checkbox"/> PQI Event | <input type="checkbox"/> GP/Neurologist | <input type="checkbox"/> Internet search | <input type="checkbox"/> Aged Care Facility |
| <input type="checkbox"/> Phone Book | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Research | <input type="checkbox"/> Media |

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: _____