## **Membership form** How did you hear about us? Support Group Pharmacy Parkinson's Qld Internet Search Parkinson's Qld Event Aged Care Facility Media Social Media Family/ Friend Other **GP/ Neurologist Payment Details Please note:** You are welcome to send a cheque, send a money order, pay with your credit card details below or over the phone, or phone us for direct debit information, however please do not send cash. Thank you. Card Holder Name Card Number **Expiry Date** How would you like to receive communication from us? Digital/ Email Print/ Post 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. I, the undersigned, hereby apply for membership of Parkinson's Queensland Inc. and agree to comply with and be bound by the Parkinson's Queensland Constitution and Privacy Policy (which can be found at parkinsonsqld.org.au). Signature Office use only Form Received Membership # Receipt Sent

Entered By



Parkinson's Queensland exists to assist people living with and impacted by Parkinson's in Queensland, by providing peer support, access to well being programs and services, information and education about the disease.

We also help to fund education programs for medical professionals and research with the aim of fulfilling our vision of living in a world without Parkinson's.

With an aim of supporting the thousands of Queenslanders living with Parkinson's, we are constantly striving to develop and deliver new services and programs that will make a real difference to the quality of life of the Parkinson's community.



# Parkinson's Queensland Membership

By becoming a member, you join with us to make a huge difference to the Parkinson's community.

Your membership enables Parkinson's Queensland to provide truly vital programs and services - including specific support for the newly diagnosed and the ability to operate the Parkinson's Information and Support Line.

You allow us to advocate to relevant health bodies and government policy makers to improve the level of care for Parkinson's across the state.

You help us to raise awareness and make changing the lives of those with Parkinson's possible, with the aim that one day we will find a cure.

# **Membership benefits** Associate Individual Family 0 Voting Rights Parkinson's Nurse Online Support Space Maureen Platt Library Membership Pack Webinars Connections Newsletter SafeMate Information Pack **Support Groups Education Resources** Information and Referral Line



#### **Individual Membership**

One individual impacted by Parkinson's wanting to utilise all of the services of Parkinson's Queensland



### **Family Membership**

All the benefits of Parkinson's Queensland for two people living in the same household.



#### **Associate Membership**

A limited membership that allows access to some per year programs and services offered by Parkinson's Queeensland.

#### **Become a Member**

To become a member or find out more about membership with Parkinson's Queensland please contact our team:



pqi@parkinsonsqld.org.au

parkinsonsqld.org.au/become-a-member/

PO Box 4718, Eight Mile Plains QLD 4113



Membership form	
Alternatively membership can be completed online at parkinsonsqld.org.au/become-a-member/	
<ul><li>  New Member</li><li>  Renewal</li></ul>	☐ Individual (\$35) ☐ Family (\$50) ☐ Associate (\$5)
Person 1	
Title First name	Surname
DOB	Gender F M
Address	
	dress
Suburb	State Postcode
Phone	
Email	
Country of Birth	Language spoken
Are you of Aboriginal or TS	
Do you have a carer?	☐ Yes ☐ No
Person 2 (if relevant	
Title First name	Surname
DOB	Gender F M
Phone	
Email	
Country of Birth	Language spoken
Are you of Aboriginal or TS	SI origin? 🗌 Yes 📗 No
What is your connection to Parkinson's	
P1 P2	

I am a friend or family member

☐ I am a donor or supporter I work with people with PD