

MEMBERSHIP FORM

How did you hear about Parkinson's Qld?

- | | |
|---|---|
| <input type="checkbox"/> Support Group | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> PQI Event | <input type="checkbox"/> Aged Care Facility |
| <input type="checkbox"/> Media | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Other |
| <input type="checkbox"/> GP/Neurologist | _____ |
| <input type="checkbox"/> Pharmacy | _____ |

Payment Details

Card Holder Name	
Card Number	
Expiry Date	CVC

How would you like to receive communication from Parkinson's Qld?

- Print/Post Digital/Email

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 PQI Constitution and Privacy Policy (which can be found at www.parkinsonsqld.org.au).

Signed	Date
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OFFICE USE ONLY

Form Received	
Membership Number	
Receipt Number	
Receipt Sent	
Form Entered ThankQ	
Entered By	
Mancom Date Approved	


ABOUT PARKINSON'S QLD

Parkinson's Queensland exists to assist people living with and impacted by Parkinson's disease 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 more than 18,500 people living with Parkinson's in Queensland, 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.

To become a member or find out more about membership of Parkinson's Queensland please contact the team

 **1800 644 189**

 **members@parkinsonsqld.org.au**

 **www.parkinsonsqld.org.au**

Parkinson's Queensland Membership

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



IN THIS TOGETHER
parkinson's
QUEENSLAND

WHY BECOME A MEMBER?

Becoming a Member of Parkinson's Queensland is not just for people with Parkinson's, their carers, friends and family.

It's a great way to show your support for the Parkinson's Community!

Your membership enables Parkinson's Queensland to provide truly vital programs and services to the Parkinson's Community in Queensland - including a Telephone Peer Support Program, specific support for the newly diagnosed and the ability to operate the Parkinson's Info and Support Line.

#MAKEPARKINSONSAPRIORITY

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

Your membership helps 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 LEVELS



Individual Membership
one individual impacted by Parkinson's wanting to utilise all of the services of Parkinson's Queensland.

\$35
per year



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

\$50
per year



Associate Membership
A limited membership that allows access to some programs and services offered by Parkinson's Queensland.

\$5
per year

MEMBERSHIP BENEFITS

	ASSOCIATE	INDIVIDUAL	FAMILY
Voting Rights		✓	✓
Health & Wellbeing		✓	✓
Online Support Space		✓	✓
Discounts		✓	✓
Free Boxing Class Trial		✓	✓
Maureen Platt Library		✓	✓
Membership Pack		✓	✓
Webinars	✓	✓	✓
Telephone Peer Support Program	✓	✓	✓
Connections Magazine	✓	✓	✓
Public Liability Insurance for PQI Events*	✓	✓	✓
Newly Diagnosed Pack	✓	✓	✓
Support Groups	✓	✓	✓
Education Resources	✓	✓	✓
Information & Referral Line	✓	✓	✓

*conditions apply

MEMBERSHIP FORM

NEW MEMBER
 INDIVIDUAL (\$35)
 RENEWAL
 FAMILY (\$50)
 ASSOCIATE (\$5)

PERSON ONE

First Name
 Surname
 DOB
 Gender F M
 Address
 Address
 Suburb
 State
 Postcode
 Phone
 Email
 Country of Birth
 Language Spoken
 Are you of Aboriginal or TSI origin? Yes No
 Do you have a carer? Yes No

PERSON TWO (IF RELEVANT)

First Name
 Surname
 DOB
 Gender F M
 Phone
 Email
 Country of Birth
 Language Spoken
 Are you of Aboriginal or TSI origin? Yes No

What is your connection to Parkinson's

P1 P2

I have PD, MSA, PSP, or Dystonia
 I am a carer of someone with PD
 I am a partner of someone with PD
 I am a friend or family member
 I am a donor or supporter
 I work with people with PD