Hornsby Ku-ring-gai Parkinson's Assoc. Inc.

Membership Application Form

Title	Mr	Mrs	Ms	Miss	Dr	(Circle)
First Name						
Surname						
Street Address						
Suburb					**Post Code**	
Mobile Phone				**Home Phone**		
Email						
Emergency Contact	**Name**			**Ph Number**		

If we need to contact you, what is your preferred method of contact and reminders:

☐ Mobile phone (+ SMS) ☐ Home/Work phone (+ Voicemail) ☐ Email

Annual Membership Payment:

Annual individual or family/carer membership - $25.00

Payment:
Please forward Cash to the Treasurer at the next Choir, Exercise Class or Meeting or do a Direct Credit to **Great Southern Bank,**
Account Name**: Hornsby Ku-ring-gai Parkinson's Association**
BSB: **814 282** Account Number: **51215824**.

Please ensure you include your name in direct credit to account.

Signature: _____ **Date:** _____

Please email the membership form to parkinsonhk.treasurer@gmail.com

or hand it in to the attendance desk at Choir, Exercises or our next Monthly Meeting.