

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/carers membership - \$30.00

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 and 'mem' in direct credit to account.

Signature:

Date:

Please email the membership form to 1942dbabb@gmail.com

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