



APPLICATION FORM

By becoming a member of Parkinson's Victoria, you join a supportive community of thousands impacted by Parkinson's.

Title First Name Last Name

Organisation Name (if applicable)

Postal Address

Suburb State Postcode

Preferred phone number

Email Address

Preferred way to receive communication Mail Email

Date of Birth (if individual)

- I am Living with Parkinson's _____ years since diagnosis
- Living with PSP, CBS or MSA _____ years since diagnosis
- Caring for someone
- A health professional

<input type="checkbox"/>	Annual Individual Member	\$35 incl. GST	\$
<input type="checkbox"/>	Life Member	\$350 incl. GST	\$
<input type="checkbox"/>	Annual Organisational Member	\$195 incl. GST	\$
<input type="checkbox"/>	I would like to make an optional donation (all gifts over \$2 are tax deductible)		\$
			Total \$

Payment details overleaf

