**Membership Form/Tax Invoice**

Huntington’s NSW ACT

### PO Box 178 West Ryde, 1685

Tel: (02) 9874 9777

 Email: info@hdnswact.org.au

####  ABN: 54 571 730 306

A. Your Personal Details

**Surname:** …………………………….................... **First Name:** …………………………………….................

**Title:**  Prof  Dr  Mr  Mrs  Miss  Ms **Date of birth:** ………………………..

**Postal Address:** ……………………………………………………………………..............................................

................................................................................................................................................

**Suburb:** ................................................................................. **Postcode:** ……………….. **State:**………………

**Email Address:** ...............................................……………………….............................................................

**Telephone:** Home: [ ]…………………………. Business: [ ] ..............................................

 Mobile: [ ] .............................................................................................................

**Signature:** …………………………………………………………………………………..................................................

**B. Your Membership Choices**

**Category:**  Family Member Health Professional Supporter

 Other ………………………………

 I hereby apply for Association membership. I enclose the $22 annual fee (GST inclusive).

## **OR**

 I wish to renew my Association membership. I enclose the $22 annual fee (GST inclusive).

**OR**

 I am unable to pay the membership fee this year but would still like to be a member.

**OR**

 Please remove my name from the membership list.

**C. Donations**

Enclosed is a donation of $20 $50 $100 $200 $............

0000

**D. Payment**

Please process my payment of $ ……………..….

*(please make cheques payable to Huntington’s NSW ACT)*

 MasterCard Visa

Card number……………………………………………………………………………………

Expiry….………………….. CVV………………………

Cardholder name…………………………………………………………………………….

Signature………………………………………………………………………………………. Date………../………./……….

***(Please continue over and complete the reverse side of this form.)***

**E. Additional Identification Choices for Family Members**

This section is optional. Providing this information helps us to ensure that you are notified of news and events that meet your particular needs. You may tick more than one box.

 I have been diagnosed as having Huntington’s Disease (phd)

 I have tested positive but haven’t been diagnosed with the disease (gp)

 I have tested negative (gn)

 I have a parent with Huntington’s Disease but don’t know if I have the Huntington’s gene (ar50).

 I have a grandparent and/or aunts and uncles with Huntington’s Disease but don’t know if my parent has the Huntington’s gene (ar<50).

 I am caring for a person with Huntington’s Disease, have cared for someone in the past or expect to be caring for someone in the next few years (c).

 I have a close family member who has Huntington’s Disease but I am not the main carer (sc).

**F. Newsletter and Other Communications**

All members receive a printed copy of the newsletter unless one of the following boxes is ticked.

 I do **not** wish to receive the newsletter

 **OR**

 Please **email** me the newsletter and other communications.

 **OR**

 Our household has multiple memberships. Please send only one copy of the newsletter and other communications to our household.

#####  Office Use Only

Rec. No:……………..

Date: ………………..

Database:………….

www.huntingtonsnswact.org.au