



Huntington's
NSW ACT



Membership Form

A. Your Personal Details

Title First Name

Surname

Telephone Mobile

Email

Date of Birth

B. Your Membership Choices

Category: Family Member Health Professional Supporter Carer

Other (*please stipulate*)

- I would like to apply for Association membership. I enclose the \$22 annual fee (GST inclusive).
- I wish to renew my Association membership. I enclose the \$22 annual fee (GST inclusive).
- Please remove my name from the membership list.

C. Donations

Enclosed is a donation of \$20 \$50 \$100 \$200 \$ (your choice)

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

Visit 21 Chaltham Road, West Ryde 2114

Mail PO Box 178, West Ryde 1685

Tel 02 9874 9777

Web www.huntingtonsnswact.org.au

Email info@huntingtonsnswact.org.au

ABN 54 571 730 306

D. Payment

Please process my payment of \$

(please make cheques payable to Huntington's NSW ACT)

Credit Card Mastercard Visa (please tick your preferred option)

Card Number

Expiry

CVV

Cardholder Name

Signature

Date __/__/__

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 needs. You may tick more than one box.

- I have been diagnosed as having Huntington's Disease.
- I have tested positive but haven't been diagnosed with the disease.
- I have tested negative.
- I have a parent with Huntington's Disease but don't know if I have the Huntington's gene.
- I have a grandparent and/or aunts and uncles with Huntington's Disease but do not know if my parent has the Huntington's gene.
- 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.
- I have a close family member who has Huntington's Disease but I am not the main carer.

F. Newsletter and Other Communications

Please tell us how you would like to receive communication from us:

Print Email Both

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