

MYASTHENIA GRAVIS ASSOCIATION OF QUEENSLAND INC



PO Box 16 Mt Gravatt Qld 4122
Freecall 1800 802 568

APPLICATION FOR MEMBERSHIP

(A) Myasthenia Member

A person who has been medically diagnosed with Myasthenia Gravis. **Annual Membership Fee \$20**

Family Name _____ Given Names _____

Postal Address _____

_____ Postcode _____

Date of Birth _____ Mobile _____ Phone No. _____

Email Address _____

Name of Current Specialist _____ Phone No _____

Address of Current Specialist _____

Name of Current GP _____ Phone No. _____

Address of Current GP _____

(C) Paid-up Life Member

This Membership may be purchased by a Myasthenia Member for a life long membership. **One off Membership Fee \$250**

(D) Carer Member

A person who carries out a Carer role for a Myasthenia Member and is offered in conjunction with a Cat A membership (It does not stand alone) **Annual Membership Fee \$10**

Family Name _____ Given Names _____

Postal Address _____

_____ Postcode _____

Date of Birth _____ Mobile _____ Phone No. _____

Email Address _____

(E) Associate Member

A person who supports the aims and objectives of the Association. **Annual Membership Fee \$20**

Family Name _____ Given Names _____

Postal Address _____

_____ Postcode _____

Date of Birth _____ Mobile _____ Phone No. _____

Email Address _____

All applications are considered by the Management Committee at first Committee Meeting following receipt of application, and applicants advised soon thereafter.

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I/We hereby apply for membership of the Association as ticked
and enclose Membership Fee/s of \$ _____ Donation \$ _____

(Payment may also be made via Direct Debit)

BSB: 124 032 Account Number: 10263772 Reference: Your Name and Initials

If you pay via direct deposit, please email treasurer@mgaq.org.au
to advise that payment has been made.

- A. Myasthenia Member** Annual Fee \$20
- C. Paid-up Life Member** One off fee of \$250 for Myasthenia Member
- D. Carer Member** Annual Fee \$10
- E. Associate Member** Annual Fee \$20
- Donation to MGAQ** All donations received with appreciation

Note that the Financial Year for Membership is from 1 July to 30 June.

Signature of Applicant/s _____ Date _____

_____ Date _____

Proposed by: _____ Seconded by: _____

Please answer the following:

- 1 How would you like to receive the newsletter? **Emailed** **Posted**
(Not applicable to Cat D members)
- 2 Are you willing to allow your name and phone number to be made available to other
Myasthenia members in your local area? **YES** **NO**
- 3 Please tell us briefly how you found us. Was it by way of information from your Doctor,
another MG person, a pamphlet in a hospital, the Internet, Facebook, or any other way?

Additional Information:

The Myasthenia Gravis Association of Queensland Inc. is an Incorporated Association and is also a Registered Charity. Donations of \$2.00 or more are tax deductible.

Membership Fees are decided each year, and may be waived for potential members and existing members who are experiencing financial difficulties. Please advise the Secretary IN CONFIDENCE.

A complimentary **Medi-Alert Wallet Card** is available to Cat A members. It is wallet size and references "The Drugs to be used with Caution"

Apply online, or download the application form from www.mgaq.org.au, or contact 1800 802 568 freecall number for an Application Form.

PLEASE SEND THIS COMPLETED FORM TO:

Myasthenia Gravis Association of Queensland Inc

PO Box 16

Mt Gravatt QLD 4122

Or email to: info@mgaq.org.au