

# 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 \_\_\_\_\_

### (A) Perpetual Myasthenia Member

This Membership may be purchased by a Myasthenia Member for a lifelong 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**  
**One off Perpetual Carer Membership Fee \$125**

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 Perpetual \$250 (one off)**

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](mailto:treasurer@mgaq.org.au)  
to advise that payment has been made.

#Or Payment may be made online via: [www.mgaq.org.au](http://www.mgaq.org.au)

#Or Payment can be made by calling the Free Call Number 1800 802 568 to pay via credit card.

- A. **Myasthenia Member** Annual Fee \$20
- A. **Perpetual Myasthenia Member** One off fee of \$250 for Myasthenia Member
- D. **Carer Member** Annual Fee \$10
- D. **Perpetual Carer Member** One off fee of \$125 for Carer Member  
*(This is NOT a stand alone membership, must be taken in conjunction with a Cat A membership)*
- E. **Associate Member** Annual Fee \$20
- E. **Perpetual Associate Member** One off fee of \$250 for Associate Member
1. **Donation to MGAQ** All donations received with appreciation \$.....
2. **Donation to Myasthenia Alliance Australia**, your Federal voice \$.....

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

Signature of Applicant/s \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**Please answer the following:**

- 1 How would you like to receive the newsletter? **Emailed** **Posted**  
(Not applicable to Cat D members)
- 2 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 **Drug 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](http://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](mailto:info@mgaq.org.au)