



Please Select Your Membership Category

CAT A. MYASTHENIA MEMBER

A person diagnosed with Myasthenia Gravis.

Please select one option:

- 1 Year Membership (\$20)
- 3 Year Membership (\$55)
- 5 Year Membership (\$90)
- 10 Year Membership (\$170)
- Perpetual Membership (\$250 one off)

Payment Options:

- Direct Deposit
BSB: 124 032 Account No: 10263772
Reference: Your name and initials
Email confirmation to:
treasurer@mgaq.org.au
- Online: www.mgaq.org.au
- Credit Card (phone): 1800 802 568

CAT D. CARER MEMBER

A person who cares for a Myasthenia Member. This category must accompany **CAT A** Membership.

Please select one option:

- Annual Carer Membership (\$10)
- Perpetual Carer Membership (\$125 one off)

CAT E. ASSOCIATE MEMBER

A person who supports the Association.

Please select one option:

- Annual Associate Membership (\$20)
- Perpetual Associate Membership (\$250 one off)

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

DONATION TO MGAQ

All donations received with appreciation \$ _____

Member Details

Family Name: _____ Given Name: _____

Postal Address: _____

_____ Post Code: _____

Date of Birth: _____

Email Address: _____

Mobile or Phone Number: _____

All applications are considered by the Management Committee at the first Committee meeting following the receipt of this application. Applicants will be advised soon thereafter.



MYASTHENIA GRAVIS
ASSOCIATION OF QUEENSLAND INC.

APPLICATION FOR MEMBERSHIP

Additional Information for CAT A MYASTHENIA MEMBERSHIP ONLY

Current Specialist's Name: _____ Phone: _____

Specialist's Address: _____

Current GP's Name: _____ Phone: _____

GP's Address: _____

Newsletter Preference

How would you like to receive the newsletter: Emailed Posted

Briefly, how did you find us? _____

Important Information

The Myasthenia Gravis Association of Queensland Inc. is an incorporated association and a registered charity. Donations of two dollars or more are tax-deductible.

Membership fees are reviewed annually and may be waived for members experiencing financial difficulties. Please contact the Secretary in confidence if this applies to you.

A complimentary **Drug and Medical Information Card** is available to Cat A members. This card is wallet size and references 'the drugs to be used with caution'.

Access this form at www.mgaq.org.au | For assistance, call 1800 802 568

Submitting Your Application

Please send your completed form to:

MGAQ.

PO Box 16

Mt Gravatt QLD 4122

Or email: info@mgaq.org.au

Declaration

I apply for membership of the Myasthenia Gravis Association of Queensland Inc. as selected above and agree to support the association's key foci of Member Welfare, Advocacy, Research and Awareness. I enclose membership fee/s of \$ _____

Signature (or name): _____ **Date:** ____ / ____ / ____