

MYASTHENIA GRAVIS ASSOCIATION OF QUEENSLAND INC



PO Box 16 Mt Gravatt Qld 4122

Freecall 1800 802 568

APPLICATION FOR MEMBERSHIP

(A) Myasthenic 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 _____ Telephone _____ Mobile _____

Email Address _____

Name of Doctor who diagnosed my condition _____

Address _____

Name and Address of Current Doctor if different from above _____

(C) Paid-up Life Member

This Membership may be purchased by any person, Incorporated Body or Organisation. For details, please contact the Secretary

(D) Carer Member

A person who carries out a Carer role for a Myasthenic Member. Annual Membership Fee \$10

Family Name _____ Given Names _____

Postal Address _____

Postcode _____

Date of Birth _____ Telephone _____ Mobile _____

(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 _____ Telephone _____ Mobile _____

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

Continued Over >>>

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

A. Myasthenic Member Annual Fee \$20

C. Paid-up Life Member Details available from the Secretary

D. Carer Member Annual Fee \$10

E. Associate Member Annual Fee \$20

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

Signature of Applicant/s _____ Date _____

Proposed by _____ Seconded by _____

For Myasthenics only:

1. Are you willing to allow your name and phone number to be made available to other myasthenics in your local area? **YES / NO**
2. Please tell us briefly how you found us. Was it by way of information from your Doctor, another Myasthenic, a pamphlet in a hospital, the Internet, 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 Medi-Alert card is available for Myasthenic Members for keeping in your purse or wallet. Please contact the Secretary for an Application Form.

PLEASE SEND THIS COMPLETED FORM TO:

The Secretary

Myasthenia Gravis Association of Queensland Inc
PO Box 16
Mt Gravatt QLD 4122

Committee use only:

Date Received _____ Considered by Committee on _____

Receipt No. _____ Date Issued _____

Membership Register noted _____ Mailing List noted _____