

# Membership Form/Tax Invoice

Australian Huntington's Disease Association (NSW) Inc.  
PO Box 178 West Ryde, 1685  
Website: www.ahdansw.asn.au  
Telephone: (02) 9874 9777  
Freecall: 1800 244 735 (Country NSW only)  
ABN: 54 571 730 306

## A. Your Personal Details

**Surname:** ..... **First Name:** .....

**Title:**       Prof    Dr    Mr    Mrs    Miss    Ms

**Postal Address:** .....

.....

**Suburb:** ..... **Postcode:**.....

**Email Address:**

.....@.....

**Telephone:** Home: [   ] ..... Business: [   ] .....

Mobile: [   ] .....

**Signature:** .....

## B. Your Membership Choices

**Category:**     Family Member    Health Professional    Supporter    Other

I hereby apply for Association membership. I enclose the \$22 annual fee (GST inclusive).

**OR**

I wish to renew my Association membership. I enclose the \$22 annual fee (GST inclusive).

**OR**

I am unable to pay the membership fee this year but would still like to be a member.

**OR**

Please remove my name from the membership list.

## C. Donations

Enclosed is a donation of \$ .....towards the Association's work.

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

## D. 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 particular needs. You may tick more than one box.

- (optional) I have been diagnosed as having Huntington's Disease (phd).
- (optional) I have been tested and have the Huntington's gene but haven't been diagnosed with the disease (gp).
- (optional) I have a parent with Huntington's Disease but don't know if I have the Huntington's gene (ar50).
- (optional) I have a grandparent and/or aunts and uncles with Huntington's Disease but don't know if my parent has the Huntington's gene (ar<50).
- (optional) 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(c).
- (optional) I have a close family member who has Huntington's Disease but I am not the main carer (sc).

### **E. Newsletter Choices**

All members receive a printed copy of the newsletter unless one of the following boxes is ticked.

- I do **not** wish to receive the newsletter.

**OR**

- Please **email** me the newsletter as an attachment (PDF file).

**OR**

- Our household has multiple memberships. Please send only one copy of the newsletter or other mailouts to our household.

**Office Use Only**

Rec. No:.....

Date: .....

Database:.....