



**QUEENSLAND ACOUSTIC NEUROMA ASSOCIATION INC. (QANA)**

P.O. Box 254, Stones Corner, Brisbane, Qld., 4120

Website: [www.qana.asn.au](http://www.qana.asn.au)

Email: [qanaqld@gmail.com](mailto:qanaqld@gmail.com)

**APPLICATION FOR MEMBERSHIP**

The details provided will be treated confidentially and will be used only for QANA related communications.

*Please print clearly in block letters.*

**NAME:** First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Male/Female

**ADDRESS:** \_\_\_\_\_ Post Code: \_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMAIL:** (If possible list one preferred address) \_\_\_\_\_

Email is the main form of communication for distributing of the newsletter. However, if you require a printed copy of the newsletter, please tick the box.

**YEAR OF BIRTH:** \_\_\_\_\_ **OCCUPATION:** (optional) \_\_\_\_\_

If you are a patient, please complete:

**DIAGNOSIS:** Acoustic Neuroma  Meningioma  Nf2  Other \_\_\_\_\_

**YEAR WHEN FIRST DIAGNOSED:** \_\_\_\_\_ **SURGERY/TREATMENT:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**ANNUAL MEMBERSHIP FEE:** \$30

To be paid at the time of applying for membership. Payment options below/attached.

Membership is from 1<sup>st</sup> July to 30<sup>th</sup> June.

For new members joining QANA as of 1<sup>st</sup> April, membership will continue until 30<sup>th</sup> June the following year.

**OFFICE USE ONLY**

Proposer Name: \_\_\_\_\_ Seconder Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Letter/information pack sent:  Registered on member list: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

QANA is not covered by public liability insurance.

## QANA MEMBERSHIP FEE PAYMENT OPTIONS

The annual membership fee for an individual is \$30.

Any donation (optional) in addition to that amount will be recorded on a receipt for tax deductibility purposes.

- **Handing cash/cheque/money order to the Treasurer** at any QANA general meeting. Cheque should be made payable to the Queensland Acoustic Neuroma Association Inc. A receipt will be issued.

*(The completed application form should be handed in with payment.)*

- **Electronically by bank transfer.** Details are as follows:

Account Name: Queensland Acoustic Neuroma Association Inc.

BSB: 484799

Account No.: 081770285

Reference: Your name

Please email [qanaqld@gmail](mailto:qanaqld@gmail.com) after completing the transfer to notify the Treasurer.

*(The completed application form should be scanned and attached to your email.)*

- **Posting cheque/money order to the Treasurer, Queensland Acoustic Neuroma Association Inc.** P.O. Box 254, Stones Corner, Brisbane QLD., 4120. Cheque should be made payable to the Queensland Acoustic Neuroma Association Inc.

*(The completed application form should be attached to the cheque/money order.)*