



QUEENSLAND ACOUSTIC NEUROMA ASSOCIATION INC. (QANA)

P.O. Box 754, Coorparoo, Brisbane, Qld., 4151

Website: www.qana.asn.au

Email: ganaqld@gmail.com

Find us on

Ph/SMS: 0476 989 650

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: \$40

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

Membership is from 1st July to 30th June.

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

OFFICE USE ONLY

Proposer Name: _____ Secunder 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 \$40.

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.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 754, Coorparoo, Brisbane QLD., 4151. Cheque should be made payable to the Queensland Acoustic Neuroma Association Inc.

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