



Myositis Association Australia

Keeping in touch

Office Bearers:
President: Trevor Neumann
Vice President: Christine Lowe
Secretary: Anita Chalmers
Treasurer: Richard Gysi
PATRON: Assoc. Prof. Allan Sturgess, PhD FRACP FRCPA

MEMBERSHIP FORM

The Myositis Association-Australia Incorporated
Charity ABN 21442988476

NAME: _____

ADDRESS: _____

POSTCODE: _____

PHONE No AREA CODE: _____ NUMBER: _____

EMAIL ADDRESS: _____

(Please print your email address carefully)

Date of Birth: _____

What form of Myositis do you have? _____

When were you first aware that something was wrong? _____

When was your form of Myositis first diagnosed? _____

Where did you hear about our Association? _____

* By providing this information, you are consenting to the collection and use of your personal and health information by the TMAA in accordance with the TMAA Privacy Policy for purposes of providing support group services to you.

MEMBERSHIP INFORMATION (PLEASE TICK ✓)

- NEW MEMBER** (Person diagnosed with Myositis OR Parent of child with JM)
- ASSOCIATE MEMBER** (Other family member, relative, carer, etc.)
- RENEWAL** – Member OR Associate Member
- \$5.00** – For ALL Memberships of The Myositis Association–Australia Incorporated (TMAA)
- DONATION**: If you would like to include a donation to our Association
- RECEIPT** – Do you require a receipt for membership or donation

PAYMENT METHODS (Please note we are unable to accept credit card payments)

- Cheque or money order enclosed
 - Direct to St George Bank. BSB 112-879 Account Number 428543268
 - PayPal – see "Donations" button on website
- Please confirm Amount Sent \$ _____, Date Deposited _____
and your name: _____

TMAA membership (\$5.00) covers our Newsletter and information on what is happening in Australia. Please return this form and payment to our Treasurer ASAP to enable you to continue to receive the newsletter and other information relating to Myositis:-

MAILING ADDRESS FOR TREASURER:
Treasurer, 18 Coora Avenue Belrose, NSW 2085