

Office Bearers:
President: Trevor Neumann
Secretary: Anita Chalmers
Treasurer: Richard Gysi
Public Officer: David Bunt
PATRON: Assoc Prof. Allan Sturgess, PhD FRACP FRCPA

MEMBERSHIP FORM

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 do you hear about our Association _____

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 (Please circle)
- \$10.00** – 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 (Please circle)

Please post a cheque or Money Order payable to the Myositis Association Australia Inc. to our Treasurer **OR**
PAYMENT DIRECT TO OUR BANK ACCOUNT AT ST. GEORGE BANK.
If you would like to pay direct to our St George Account the details are: BSB 112-879 Acc 428543268. Please indicate the amount you have sent \$..... and Date **And your name** PLEASE NOTE: Do not send Credit Card details – we are unable to process any Credit Card payments. **TMAA membership (\$10.00) 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:-