

Office Bearers:
President: Christine Lowe
Secretary: Anita Chalmers, OAM
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? _____
Your treating specialist _____ address _____
_____ email _____
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 Mr Richard Gysi, Treasurer, 18 Coora Avenue BELROSE. NSW 2085. Email richardgysi@optusnet.com.au to enable you to continue to receive the newsletter and other information relating to Myositis:-**