

Membership Form

To become a ParaQuad NSW member, simply fill in this form and

- Post: ParaQuad NSW Membership
PO BOX 6347, SILVERWATER DC NSW 1811 or;
- Fax: (02) 9735 0019 or;
- Email: accounts@paraquad.org.au.

Title: Mr. Mrs. Ms. Dr. Other _____

Surname: _____

First Name: _____

Address: _____

Suburb : _____ State: _____ Post Code: _____

Home Phone: () _____ Business: () _____ Fax: () _____

Email: _____ Occupation: _____

Date of Birth: _____ Gender: Male Female

Name of Parent/Guardian (if under 18): _____ Relationship: _____

If you have a disability, what type(s) do you have? Please state your Primary (P) and Secondary (S) disability: (please tick)

(P) (S)	Spinal Cord Injury	(P) (S)	Other
<input type="checkbox"/> <input type="checkbox"/>	Paraplegia (Spinal cord injury)	<input type="checkbox"/> <input type="checkbox"/>	Alzheimer's
<input type="checkbox"/> <input type="checkbox"/>	Quadriplegia (Spinal cord injury)	<input type="checkbox"/> <input type="checkbox"/>	Amputee
	If you are spinally injured, please state:	<input type="checkbox"/> <input type="checkbox"/>	Arthritis
	Date of injury: ___ / ___ / _____	<input type="checkbox"/> <input type="checkbox"/>	Brain Injury
	Cause of injury: _____	<input type="checkbox"/> <input type="checkbox"/>	Cancer
	Level of lesion: _____	<input type="checkbox"/> <input type="checkbox"/>	Diabetes
		<input type="checkbox"/> <input type="checkbox"/>	Hemiplegia
		<input type="checkbox"/> <input type="checkbox"/>	Incontinence
		<input type="checkbox"/> <input type="checkbox"/>	Intellectual/Developmental
		<input type="checkbox"/> <input type="checkbox"/>	Parkinson's
		<input type="checkbox"/> <input type="checkbox"/>	Partial Paralysis
		<input type="checkbox"/> <input type="checkbox"/>	Polio
		<input type="checkbox"/> <input type="checkbox"/>	Stroke/CVA (Cerebral Vascular Accident)
		<input type="checkbox"/> <input type="checkbox"/>	Other (please specify) _____

(P) (S) Other Spinal Cord Related Disabilities

- Cerebral Palsy
 Multiple Sclerosis
 Muscular Dystrophy/Atrophy
 Spina Bifida

If you do not have a disability, are you: (please tick)

- Family/spouse of a person with a disability
 An advocate for a person with a disability
 Employed in a non-government disability service/organisation
 Employed in a State, Federal or Local Government department or service
 Other (please state): _____

ParaQuad Membership Form... (cont.)

Is your primary language English?

- Yes
 No What is your primary language? _____

Do you require the use of an interpreter?

- Yes
 No

Are you of Aboriginal or Torres Strait Islander origin?

- Yes
 No

What is your primary purpose for becoming a member of ParaQuad NSW?

- To access ParaQuad's Primary Health Care services
 To access ParaQuad's Attendant Care services
 To receive the quarterly ParaQuad News magazine
 To be part of a spinal cord injury network
 To support the work of ParaQuad NSW
 Appointment to Board of Directors

How did you hear about ParaQuad? (Please tick)

- ParaQuad Staff
 P.A.D.P.
 C.A.A.S. / C.A.P.S
 Continence Nurse / Urologist
 Home / Community Nursing
 General Practitioner
 Hospital Staff / Spinal Unit
 Nursing Homes and Hostels
 Exhibition or Expo
 Clinics
 Aged Care Assessment Team
 Advertising (please specify) _____
 Referrals

Referrer's name: _____

Contact details: _____

- Other (please specify) _____

Are you a member of other disability related organisations? (Please list)

Annual Membership Categories

There are three categories of membership:

Ordinary Member – Person with a spinal cord injury or related disability, or an appointed Board Member. Has voting rights and access to all services and membership benefits.

Supporting Member– Person who is a carer or with an interest in spinal cord injury. Has no voting rights and limited access to services and membership benefits.

Corporate Member – Has no voting rights and limited access to services.

I hereby apply for the following membership to ParaQuad NSW.

- Ordinary Membership (\$20.00 inc. GST)**
 Supporting Membership (\$15.00 inc. GST)
 Corporate Membership (\$250.00 inc. GST)

I confirm that I meet the membership criteria for the nominated membership above and agree to abide by the rules of the Association (a copy of the constitution is available on request).

Member /Guardian Signature: _____

Payment Details

I would like to pay my membership by:

- Cheque Money Order MasterCard Visa

Card No:

Expiry Date: /

Signature: _____

Date: _____

My Payment includes:

Membership Fee \$ _____

Donation (optional) \$ _____

Amounts over \$2 are tax deductible

Total Amount \$ _____

- ParaQuad and its related trading names introduce new products/services/news from time to time. Tick the box if you do NOT want to be notified of these developments through our direct marketing mailings