

# Parkinsons Auckland

## Parkinsonism Society Auckland Inc

P.O. BOX 16-238, SANDRINGHAM. TELEPHONE: 0-9-278 6918

aklparkinsons@xtra.co.nz

www.parkinsonsauckland.org.nz

### FAMILY/INDIVIDUAL MEMBERSHIP NEW ANNUAL SUBSCRIPTION 2010

Financial Year is from 1 January 2010 to 31 December 2010

GST. REG. NO. 53- 690- 912 Charity Commission Registration No: CC27383

Please fill in the following information whether it be for an individual with Parkinsons or a family member or supporter

Preferred Title Mr Ms Mrs	Surname	First Name	Ethnicity (Optional)	Date of Birth	Category Person With Parkinson's (PwP)/ Friend / Supporter

ADDRESS ..... PHONE.....

..... FAX.....

..... E-MAIL.....

How did you first hear of the Society? .....

In accordance with the **PRIVACY ACT 1993**, I give my consent to the collection of this information by the Parkinsonism Society Auckland Inc., for the purpose of membership records, activities, newsletters, communications with myself, and the conduct of the Society's business affairs. It will not be generally used or published outside the above, without my permission, and I acknowledge my right to access and correction of this information

Signed: .....

Date: .....

Fee per family (GST Incl.) \$ 40.00

I/we include this donation to assist the Society in its work to provide information and support. \$ .....

( Donations to the Society of \$5.00 or more are tax rebatable.)

**Total** \$ .....

**Please send your cheque and this completed subscription form to:**

**Parkinsons Auckland**

**P O Box 16 238, Sandringham, 1351 AUCKLAND**

**PLEASE COMPLETE BOTH PAGES**

**Please complete this in relation to the person with Parkinsons:**

**HEALTH INFORMATION RELEASE FORM**

In accordance with the Privacy Act 1993, to enable us to release and obtain information pertinent to your care we require your permission. Please discuss this with your Field Officer or sign the following:

I ..... consent for my Health Information to be released to the Field Officer Service of the Parkinsonism Society Auckland Inc., or from the Field Officer Service, to Health Agencies/Professionals that are responsible for my care and treatment, or will be responsible for further care and treatment I understand that information given will be used and stored in accordance with the Health Information Privacy Code 1993.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**The following may also be useful**

I \_\_\_\_\_, consent for the Field Officer Service of the Parkinsonism Society Auckland Inc. to discuss my care and treatment with the following members of my family.

Name/s (print): \_\_\_\_\_ Relationship/s: \_\_\_\_\_

Name/s (print): \_\_\_\_\_ Relationship/s: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_