

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) 8741 5650 or;
- **Email:** accounts@paraquad.org.au.

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

Surname: _____

First Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: () _____ Mobile: () _____

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 tick your Primary (P) and any Secondary (S) disability:

(P) (S) Spinal Cord Injury

- Paraplegia (Spinal cord injury/disease)
 Quadriplegia (Spinal cord injury/disease)

If you have a spinal cord injury, please state:

Date of injury: _____

Cause of injury: _____

Level of lesion: _____

(P) (S) Other Spinal Cord Related Disabilities

- Cerebral Palsy
 Multiple Sclerosis
 Muscular Dystrophy/Atrophy
 Spina Bifida

(P) (S) Other

- Alzheimer's Disease
 Amputee
 Arthritis
 Brain Injury
 Cancer
 Diabetes
 Hemiplegia
 Incontinence
 Intellectual/Developmental
 Parkinson's Disease
 Partial Paralysis
 Polio
 Stroke/CVA (Cerebral Vascular Accident)
 Other (please specify) _____

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) _____

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 be part of a spinal cord injury network
 Access Pharmaceutical Benefits Scheme bowel preparation products
 To support the work of ParaQuad NSW
 Appointment to Board of Directors

How would you like to receive our quarterly ParaQuad News magazine?

- Printed copy
 Electronic copy (please provide your email on page 1)
 Do not require the magazine

How did you hear about ParaQuad? (Please tick)

- ParaQuad Staff
 Support Coordinator
 C.A.A.S. / C.A.P.S
 Clinical Nurse Consultant: Name _____
 Community Nursing / Health
 General Practitioner: Name _____
 Hospital / Spinal Unit _____
 Residential Aged Care Home
 Aged Care Assessment Team
 Advertising (please specify) _____
 Medical Specialist
 Name: _____
 Specialty: _____
 Other (please specify) _____

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

Annual Membership Categories

There are two 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 cannot stand for the Board of ParaQuad NSW.

I hereby apply for the following membership to ParaQuad NSW.

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

Annual Membership period is 30 Sept – 29 Sept of the following year.

People with spinal cord injury receive free membership for the first 12 months from date of injury

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 (cross out if joining within 12 months of injury)

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