



Movement Disorder SOCIETY OF AUSTRALIA

MOVEMENT DISORDER SOCIETY OF AUSTRALIA INC.

The Secretary, Movement Disorder Society of Australia, Dr. Julian Rodrigues, Australian Neuromuscular Research Institute, Centre for Neuromuscular and Neurological Disorders, University of Western Australia. Level 4, A Block, QEII Medical Centre, Nedlands, Western Australia, 6009 tel: (08) 9346 3333 fax: (08) 9346 1245 email: mdsoc@optusnet.com.au

MEMBERSHIP RENEWAL FORM

TAX INVOICE/RECEIPT

I am a current member of the Movement Disorder Society of Australia Inc., and hereby renew my membership:

Please print

Name: _____

Address (in full):

Professional address (if different):

Email: _____

Tel: _____

* all communication to members will be via email, please ensure current address is provided

Fax: _____

Professional qualifications: _____

Signature _____

Date _____

Yearly Subscription Fee \$44.00 (GST inc) payable via:

I enclose my cheque / money order for \$_____ made payable to the Movement Disorder Society of Australia.

Direct deposit to MDSA, BSB: 032 340, ACCT No. 640 385. Include your name in "Reference" field

This becomes a Tax Invoice (ABN) upon any payment. Please keep a copy.

* If you also wish to renew your membership of the Movement Disorder Society Clinical Research and Trials Group, please complete the following page:



Movement Disorder
SOCIETY OF AUSTRALIA

MOVEMENT DISORDER SOCIETY OF AUSTRALIA INC.

Movement Disorder Society Clinical Research and Trials Group,
Dr. Andrew Hughes, Chairman
Department of Neurology
Austin Hospital
Studley Road
Heidelberg, VIC 3081
tel: (03) 9496 2845 fax: (03) 9496 4065
email: ajhughes@unimelb.edu.au

MOVEMENT DISORDER SOCIETY CLINICAL RESEARCH AND TRIALS GROUP

MDSCRTG MEMBERSHIP RENEWAL FORM

I wish to renew my membership of the Movement Disorder Society Clinical Research & Trials Group (MDSCR&TG)

Under the requirements of the MDSCRTG I confirm that I currently:

- have an attachment to a hospital or academic institution.
- am involved in movement disorder research or the care of movement disorder patients
- am currently a financial member of the Movement Disorder Society of Australia (or I am concurrently renewing membership of the Movement Disorder Society of Australia)

Name: _____

Signature: _____

Date _____

Please forward these with your completed Movement Disorder Society of Australia (MDSA) membership application form and payment.