



**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,  
Level 4, A Block, QEII Medical Centre,  
Nedlands, Western Australia, 6009  
tel: (08) 9346 3980 fax: (08) 9346 1245  
email: [mdsoc@optusnet.com.au](mailto:mdsoc@optusnet.com.au)

## MEMBERSHIP APPLICATION FORM

### TAX INVOICE/RECEIPT

We, the undersigned members of the **Movement Disorder Society of Australia Inc.**, hereby nominate

Name in block letters: \_\_\_\_\_

of: \_\_\_\_\_

\_\_\_\_\_  
(address in full)

Email: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Professional address: (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

Professional qualifications: \_\_\_\_\_

for election as a member of the Society

Name in  
block letters \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Nominator)

Name in  
block letters \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Supporting Nominator)

I hereby accept the above nomination

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yearly Subscription Fee \$44 (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 become a member of the Movement Disorder Society Clinical Research and Trials Group, please complete the following page:



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## **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](mailto:ajhughes@unimelb.edu.au)

### **MOVEMENT DISORDER SOCIETY CLINICAL RESEARCH AND TRIALS GROUP**

#### **MDSCRTG MEMBERSHIP APPLICATION FORM**

I wish to become a member of the Movement Disorder Society Clinical Research & Trials Group (MDSCR&TG)

Under the requirements of the MDSCRTG I confirm that I:

- 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 applying for membership of the Movement Disorder Society of Australia)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants for membership to the MDSCRTG are also required to submit the following:

- a letter of application
- a current CV, and
- a letter of recommendation from a current MDSA member.

Please forward these with your completed Movement Disorder Society of Australia (MDSA) membership application form and payment (if not a current member of the MDSA).