

Membership Registration Form:

Membership of the Neurological Foundation is open to anyone who supports our objective of *alleviating suffering from diseases and disorders of the brain and nervous system through research and education.*

Members are eligible to attend the Foundation's Annual General Meeting (AGM) to choose the National Council and set the general policy of the Foundation. Members will also receive four editions of the newsletter Headlines each year, which includes neurological insights from around the world.

Full research and financial reports are available from the National Office (summaries are published periodically in Headlines and on this website).

Please take care to enter the correct information below:

Personal Details

First Name (Mr, Mrs, Mr&Mrs, Miss, Ms, Dr) _____

Middle Initial(s) _____

Last Name _____

Postal Address _____

Phone Number _____

Alternative Phone Number _____

Email Address _____

*have opt-in tick box with "I wish to receive email communications from the Neurological Foundation"

Comments _____

Payment of Membership Registration

(Tick box) Yes, I want to reduce the incidence and improve the treatment of neurological disorders

(tick box) Please charge my credit card the annual membership registration \$5

(tick box) Please find enclosed a cheque for the annual membership of \$5

I wish to make an additional donation to the Neurological Foundation

Please charge a donation of \$ _____ to my credit card.

(tick box) My donation cheque is enclosed

(tick box) I am interested in sending a regular donation direct to the Foundation's bank account. Please send details.

(tick box) Please send me more information on helping the Foundation through my will.

