

ACOUSTIC NEUROMA ASSOCIATION AUSTRALIA Inc.

MEMBERSHIP APPLICATION FORM

First Name _____ Surname _____

Address _____
 _____ State _____ Postcode _____

Telephone Home _____ Mobile _____

Email Address (please print clearly) _____

Date of Birth ____ / ____ / ____ Occupation _____

Hobbies / Interest _____

Membership may include an additional family member for the one annual fee.

Additional Family Member Name _____

Relationship _____ Occupation _____

Do you wish to have contact with other AN Members? YES or NO (please circle) _____

I agree to support the purposes and constitutional rules of the Acoustic Neuroma Association of Australasia.

SIGNED _____ DATE ____ / ____ / ____

How did you hear about the ANAA? _____

ANNUAL MEMBERSHIP FEES: \$35.00 (cheques or money orders payable to ANAA)

Please return this form and fee to:

Ms Heather Thompson
 14 The Esplanade
 Research
 Victoria 3095

Or if using Direct Payment complete details below:

Account Name: ANAA Inc. (Commonwealth Bank)
 BSB: 063-494
 Account No: 1003 8011
 Please state your name in reference when paying directly

All donations will be acknowledged by receipt and are tax deductible.

Official Use Only:

Contact person: _____ Registered on member list : _____ Receipt No: _____ Date receipt written: _____

The following information is collected for statistical data only.

All personal data is held in strict confidence.

MEDICAL INFORMATION

DIAGNOSIS DETAILS:

Month and Year first diagnosed _____

Who diagnosed you and what was their medical speciality? _____

Which side is your Acoustic Neuroma? Left or Right (please circle) Date of last MRI? _____

Have you undergone any treatment? Yes or No (please circle) Size at last MRI? _____ (in mm)

If yes, please provide details _____

Where were treated and by whom? _____

Do you currently experience any of the following:

Facial Nerve Damage _____

Hearing Loss _____

Balance Problems _____

Eye Problems _____

Headaches _____

Altered Taste _____

Memory Issues _____

Other _____

Have you undertaken any further treatment for any of the above issues? _____

Any other comments _____