anaa

Acoustic Neuroma Association Australia
Incorporation No. A0011390E

ANAA Membership Application Form

Your Details

Title: Mrs ☐ Ms ☐ Miss ☐ Mr ☐ Dr ☐ Prof ☐ None ☐ Preferred

Name

Email

Postal Address

Occupation

Phone

Date of Birth

Additional Family Member

Only complete this section if you would like to include an additional family member in the one membership fee

Name

Relationship

Occupation

Email

Medical Information (Optional)

ANAA collects information about your acoustic neuroma to both inform the Association on member needs and to aid in future planning. Only de-identified information is used for this purpose. This section is optional, however it is useful to the Association for future planning purposes.

Date First Diagnosed

Diagnosing Doctor

What is your doctor's speciality
ENT ☐ Neuro Surgeon ☐ GP ☐ Other

Which Side is your acoustic neuroma
Left ☐ Right ☐ Both ☐ Prefer not to Say ☐

Date of last MRI

What Size is your acoustic neuroma (millimetres)
1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26-30 ☐
30+ ☐ Unknown ☐

Please detail any treatment you have undertaken

Treating Location

Treating Doctor

If you have not undergone any treatment, are you considering any? Yes ☐ No ☐

Continue Medical Information (Optional) on the next page

Medical Information (Optional) .. Continued

Are you currently experiencing any of the following – Tick all that apply

Facial nerve damage ☐ Tinnitus ☐ Headaches ☐ Memory Issues ☐ Hearing Loss ☐ Altered Taste ☐ Other ______

Please detail any treatment you have undertaken for the above conditions

______

Do you provide consent for your de-identified diagnosis details to be included on our database accessible only to our members?

Yes ☐ No ☐

General

How did you find out about ANAA

Internet ☐ Social Media ☐ Friend/Work ☐ News Article ☐ Radio/TV ☐ Other ______

Have you spoken to a State Contact Officer (SCO)

NSW & QLD ☐ SA & NT ☐ TAS ☐ VIC ☐ WA ☐ No One ☐ Other ______

Who did you talk to?

______

Do you consent to have your contact details circulated to other members on the Membership list?

Yes ☐ No ☐

Would you like to make contact with other members?

Yes ☐ No ☐

Sign Application

By entering your name (or signing) in the box below, you are authorising the Association (ANAA) to collect your personal data on this form

Enter your name (or sign) ______

Date ______

ANNUAL Membership Fee A$20.00

Payment Options

Pay direct into our Bank Account
Bendigo Bank BSB: 633-000 A/C 160656377

Please use your name as the deposit Reference so we can make sure the payment is attributed to you.

OR

Pay by Cheque or Money Order to ANAA Inc.
and post to
ANAA Treasurer
Lot 2185 Janpieter Rd,
Gables,
NSW 2765

What to do with this form

Scan your completed membership form and either email it to: membership@anaa.org.au

Or mail directly to

ANAA Treasurer
Lot 2185 Janpieter Rd,
Gables,
NSW 2765