

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 Which Side is your acoustic neuroma

ENT Neuro Surgeon GP Other 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

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.

ANAA Treasurer

18 Hyndman Parade

Woolooware NSW 2230

What to do with this form

Scan your completed form and email to president@anaa.org.au or mail directly to the Treasurer at:

18 Hyndman Parade, Woolooware NSW 2230