

# MEMBERSHIP RENEWAL FORM 2014



**NAME:** ..... **BRANCH:** .....

**ANNUAL SUBSCRIPTION:** €25

Please make cheque or Postal Order payable to: **[Branch to insert details here]**

## DONATIONS IN ADDITION TO YOUR MEMBERSHIP FEE – Optional.

Branch €  National Office €  Research €

*Please tick if you would be willing to receive communications by email including the quarterly magazine*

## CHANGES TO YOUR DETAILS in the past year – please complete as needed

**ADDRESS**.....  
.....  
.....

**Email:** .....

**Tel. No:** ..... **Mobile No:** .....

## ABOUT YOU (Optional) – please fill in if not already done in a previous year.

- I am a person with Parkinson's  
**Date of Birth** ..... **Age at Diagnosis** .....
- I am a spouse/partner/carer/family member of a person with Parkinson's.
- I am a health professional (please specify) .....
- Other (please specify) .....