



Email: info@anaa.org.au
www.anaa.org.au

Incorporation Act No. A0011390R

ACOUSTIC NEUROMA ASSOCIATION AUSTRALIA Inc MEMBERSHIP APPLICATION FORM

Name Email address (print clearly)

Street address City/Town

Post code State Phone Number/Mobile

Date of Birth Gender

Current Occupation:

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

Additional Family Member Name Relationship

Occupation

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

Signed: Date:

How did you hear about the ANAA?

Have you spoken to a State Contact Officer ? If so Who?

Are you agreeable to have your contact details circulated on the membership list?

Would you like to make contact with other members?

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ANNUAL MEMBERSHIP FEES: \$40.00 (Cheques or money order payable to ANAA)

Please return this form and fee to:

James De Graaff
P.O. Box 462
Colac Vic 3250
membership@anaa.org.au

Or if using Direct Debit complete details below:

Account Name: ANAA Inc.
Bendigo Bank
BSB: 633 000 Account No: 160656377
Please state your name in reference when direct debiting. All donations will be acknowledged by Receipt and are tax Deductible.

The following information is collected to inform the association on member needs, to support future planning and those newly diagnosed.

MEDICAL INFORMATION

DIAGNOSIS DETAILS:

Date first diagnosed?

Who diagnosed you and what was their medical expertise?

Which side is your Acoustic Neuroma? Left or Right

Date of last MRI

Size of Tumor

Have you undergone any treatment?

Please provide details:

Where were you treated?

Treating Doctor

If not, are you considering any particular treatment?

Do you currently experience any of the following?

Facial nerve damage

Memory Loss

tinnitus

Hearing Loss

Headaches

Altered Taste

Memory Issues

Other, if so what?

Have you undertaken any treatment for any of the above?

Do you provide consent for your diagnosis details to be included on our data base accessible to members only?

Any other comments:

Office Use only:

Contact Person: _____ Registered on member list _____ Info pack sent _____ Receipt No _____