



**Membership Application Form**

Title

Mr      Mrs      Ms      Miss      Other: \_\_\_\_\_

Name

Email

Postal Address

Occupation

Phone

Date of Birth

**Additional Family Member included in one fee**

Name

Relationship

Occupation

Email

**Medical Information (Optional)**

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

Date First diagnosed

Who diagnosed you and what was their medical experience?

Which side is your Acoustic Neuroma?

Left      Right      Both      Prefer not to say

Date of last MRI

Size of Tumour

Please detail any treatment you have undertaken

Treatment Location

Treating Doctor

If you have not undergone any treatment, are you considering any?

Do you currently experience any of the following?

Facial nerve damage

Hearing Loss

Tinnitus

Altered Taste

Headaches

Other:

Memory Issues

\_\_\_\_\_

Memory Loss

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?

Yes

No

Any other comments?

How did you hear about the ANAA?

Have you spoken to a State Contact Officer? If so, who?

Do you provide consent to have your contact details circulated on the membership list?

Yes

No

Would you like to make contact with other members?

Yes

No

Signed

Date

**ANNUAL MEMBERSHIP FEES: \$20.00** (Cheques or money order payable to ANAA)

**Please return to either:**

James De Graaff,

P.O. Box 462

Colac VIC 3250

(or) email to  
membership@anaa.org.au

Once you have sent your form and paid your subscription, could you please call

the Treasurer on 0468-600-468 to confirm receipt of both, thank you.