



Membership Application Form

Personal Details

Name of person with TS: _____

DOB: _____

Address: _____

_____ Postcode _____

Name of parents of child with TS

Father: _____

Mother: _____

Telephone Number: _____ Mobile: _____

Email: _____

Information Consent

As a financial member of the Tourette Syndrome Association of Victoria Inc.

I hereby give my consent to have my /my child's name, address, date of birth and telephone number disclosed for the purpose of non intrusive research only to those individual undertaking studies of symptoms of TS and associated behaviour problems.

Signature of person with TS: _____ Date _____

Signature of Parent/Guardian of child with TS: _____ Date _____

Joining fee – Annual membership fee 1 July – 30 June

Family \$25.00 Pension/ D.S.P \$15.00 \$_____

Donation tax deductible \$_____ Total remittance \$_____

Please make cheque payable to **TSA of Victoria Inc.**

C/C # _____/_____/_____/_____ Exp. ____/____ Signature _____

The Tourette Syndrome Association of Victoria Inc. Registration Number – A0022769s

ABN:50 269 005 893 The Nerve Centre 54 Railway Road Blackburn 3130 Victoria

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<http://www.tsavic.org.au>