



**TNA Australia is a non-funded charity organization providing support & education to sufferers, their associates, professionals & other interested parties**

- Full members receive newsletters throughout the year & have priority at national conferences
- Associate membership do not receive newsletters
- Dues are based on the calendar year

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership types & donations**

	Amount
Full membership:	\$25
Associate Membership:	\$10
Tax deductible Donations } Support fund:	_____
} Conference fund:	_____
	Total: _____

I am a TN & related facial pain patient  I am an existing member

I am **not** a TN & related facial pain patient  I do not wish to receive newsletters

We would prefer to email your newsletters, but please indicate your preference:  
 Email  Post

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

By signing this form, I agree to be bound by the rules of the Association for the completed year of the date signed. A copy of the rules is available on request. All information will be kept confidential.

**Payments types:**

**Direct deposit:** Commonwealth bank BSB 062 595 Account 1021 8264, Trigeminal Neuralgia Association Australia Inc.  
 Place your/payee name in the Bank Reference field & send membership form or advise via email to [angelotrovato59@gmail.com](mailto:angelotrovato59@gmail.com) (Treasurer)

**Cheque/money order:** Make payable to "TNA Australia Inc."  
 Send with completed membership form to TNA Aus Inc., PO Box 3171, Peakhurst. NSW, 2210.

Receipts issued on request or if a tax deductible donation is received.