



# MEMBERSHIP REGISTRATION FORM

Please complete all parts as applicable and email your completed application form(s) to [secretary@livingwithparkinsons.es](mailto:secretary@livingwithparkinsons.es)

## Member's details

Full name:

NIE / TIE / DNI (or Passport No. if non-resident):

Address:

Phone No:

Email:

Signed:

Date:

## I am a: (please tick one)

- Person with Parkinson's
- Person with other Neuro-condition
- Caregiver
- Volunteer

## If you are living with Parkinson's, please give details of Next of Kin

Name:

Contact No:

## Final declarations

- I agree to pay the annual membership fee of 12€. I understand the membership fee is payable upon joining and each year thereafter on January 1. (Membership in the first year is pro rata and due immediately).
- I attach a copy of my Photo ID to accompany my application.

## OFFICE USE ONLY

Membership No:

Assigned by:

Date:

Signed:

