

# Scoliosis Support Group of Queensland Inc

1 Drapers Rd  
EATONS HILL QLD 4037

## Membership registration form

1. Please complete your contact details:

Surname: ..... Title: .....  
(Mr/Mrs/Ms/Dr) .....  
Given names: .....  
Address: .....  
Suburb/Town: .....  
Postcode: .....

2. Are you willing to be contacted by other members who are seeking support?

Yes  (go to 3.) No  (go to 4.)

3. Please supply some details:

Name of person with scoliosis: ..... Year of birth: .....

Phone no: ..... Email: .....

Your experience with scoliosis, eg age at diagnosis, treatment, specialist's name:

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4. *"I have an interest in scoliosis"*

.....  
(your signature)

Date:     /     / 20\_\_