

**NEW MEMBERSHIP / RENEWAL MEMBERSHIP FORM**

**PERSONAL DETAILS**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Please  if you would you like to receive your Newsletter by email

**MEMBERSHIP CATEGORY** (Please  the appropriate box)

I have MND Membership Free

General Member \$20.00 per year \$ \_\_\_\_\_

*(A General Member is a family member, carer, supporter/friend, health professional or organization). Please  the appropriate box below:*

Family Member  Carer  Supporter/friend

Health professional  Organisation

I enclose a donation towards the work of MNDASA (donations over \$2.00 are tax deductible) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**METHOD OF PAYMENT** (Please  the appropriate box)

Cash  My cheque/money order is attached

Please charge my credit card:  Visa  Mastercard

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_ / \_\_ / \_\_ Amount \$ \_\_\_\_\_

**Please complete this form and return it in the envelope provided. Your receipt will be posted to you. Thank you**

Motor Neurone Disease Association of SA Inc  
 PO Box 2087 Hilton Plaza SA 5033  
 Phone (08) 8234 8448 Fax (08) 8152 0447  
 Email: admin@mndasa.com.au  
 Website: www.mndasa.com.au

**OFFICE USE ONLY:**

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_