



Membership Application Form

Personal Details			
Title:	First Name:	Family Name:	
Address:			
Phone:		Email:	
Mobile:		Signature:	
<i>Details of the person who can be contacted and/or is applying for membership on your behalf</i>			
Title:	First Name:	Family Name:	
Phone:		Email:	
Relationship:		Signature:	
Membership Category (Please Tick Box)			
I have MND - FREE Membership (carers included)	<input type="checkbox"/>	Signature:	
I have MND (living Overseas)	<input type="checkbox"/>	\$20 per year	\$
General Member/Supporter	<input type="checkbox"/>	\$20 per year	\$
Health Professional or Service Provider	<input type="checkbox"/>	\$20 per year	\$
Organisational Membership	<input type="checkbox"/>	\$20 per year	\$
I enclose a donations towards the work of MND Tasmania		(All donations over \$2 tax deductible)	\$
TOTAL			\$
Method of payment (please tick boxes):			
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	VISA <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit Card number:			
Card expiry date:	/	Signature:.....	
Membership is for one year from the date of subscription. A reminder notice will be sent when renewal falls due.			
MND Tasmania Tel: 1800 806 632 Internet: www.mndatas.asn.au Incorporation No. 01323C ABN 21 877 144 292		Please post completed form to: MND Victoria 265 Canterbury Road (PO Box 23), Canterbury 3126 Tel: (03) 9830 2122 Freecall 1800 806 632 Fax: (03) 9830 2228 Internet: www.mnd.asn.au Email: info@mnd.asn.au Registered Association No. A7518 ABN 44-113-484-160	