Membership Application Form

Annual Family Membership $22

MUSCULAR DYSTROPHY NSW BUILDING STRENGTH REACHING POTENTIAL

Information in this form is received in strict confidence in accordance with the Muscular Dystrophy Association of NSW Privacy Policy

Member Details

Please select one person to represent your household and list other household members below:

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr

First Name: _____

Surname: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Local Council: _____

Phone: (H) _____ (W) _____

(M) _____ Fax: _____

Email: _____

Date of Birth: _____

Cultural Background: _____

Language other than English spoken at home: _____

Type Of Membership

Please tick all boxes that are relevant:

☐ I have a neuromuscular condition

Type: _____

☐ Someone in my household has a neuromuscular condition

☐ Relative / Friend ☐ Health Professional

☐ School / Community Group

☐ Other: _____

MDNSW Information

How did you hear about us? _____

_____

Would you like an introductory Information Pack to be sent to you containing details about our services and programs?

☐ Yes ☐ No

Would you like to be contacted by one of our caseworkers to discuss your current situation?

☐ Yes ☐ No

Please list other household members, including the type of neuromuscular condition if relevant:

Name	Gender	Relationship to Member	Date of Birth	Type of Neuromuscular Condition

Payment Methods

☐ **By phone with your Credit Card**

Staff Name: _____ Date Paid: _____

☐ **By Mail**

Please make all cheques and money orders payable to Muscular Dystrophy NSW

☐ **By Direct Banking**

St George - BSB: 332 027 Account: 551 800 725
A/C name: Muscular Dystrophy Association of NSW
Please label payment as Membership [insert last name]
Date paid: _____

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