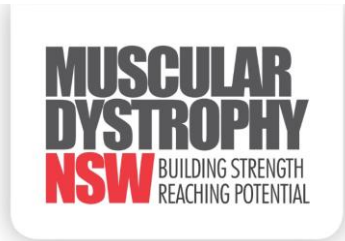


Membership Renewal Form

Renew your individual or family membership for just \$22! Information received in this form is in strict confidence in accordance with the MDNSW Privacy Policy.



Member Details

If completing a family membership, 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: _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No
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: _____

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

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

MDNSW Communications & Information

Would you like information to be sent to you containing details about our services, events and programs (newsletters, emails etc)? Yes No

Would you like to be contacted by one of our Client Services team to discuss your current situation? Yes No

Would you like to become an MDNSW volunteer or fundraiser? Yes No

Payment Methods

By phone with your credit card - Staff name: _____ Date paid: _____
 By mail (Please make all cheques payable to Muscular Dystrophy NSW)
 By Direct Banking - St George – BSB: 332 002 Account: 551 800 725 A/C name: Muscular Dystrophy Association of NSW

Please label payment as Membership [insert last name]. Date paid: _____

ADD A DONATION

I would like to add a donation to my \$22 membership registration:

\$25
 \$50
 \$100
 Other: \$ _____

Thank you for your generosity and support!