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Information receivedin thisformisin strictconfidenceinaccordancewith the MDNSW Privacy Policy. If completing a family membership, please select one person to represent your household.



Ste	ep 1 Your Membership Details: Plea	se add or update your details below	
	Title: Mr Mrs Ms Dr		
	First Name: Last Name:		
	Address:		
	Suburb: State:_	Postcode:	_
	Phone: Email:		
Step	p 2 Type of Membership: Please tick	all boxes that are relevant	
	Individual Eamily		
	I have a neuromuscular condition:		
	Someone in my household has a neuro		
	Relative/Friend Health Profession		Other:
			Other:
Step 3 Communication: How you would like to receive our newsletter and other important communications?			
	Email Mail I do not wish to receive communications		
	Would you like to become an MDNSW vol	unteer or fundraiser?	
	Yes No		
Ste	p 4 Payment Methods:		
	Cheque/Money Order made out to Muscular Dystrophy Association of NSW		
	Visa Visa Mastercard 🤐 🗋 Amex		
	Card number	Expiry	/
	Name on the card CVN		
	Signature		
	Signature Image: Please send my receipt via email		
Step	p 5 I would like to add a donation:		
	To further my support, I would like to add a tax-deductible donation to my \$22 membership registration		
	\$25 \$50 \$100 Other: \$		
	Thook you for your	generosity and support! Please post this forr	m to
R	Anaw Muscular Dystroph	NSW using the reply paid envelope. You cal	nalso Thank Voul
	renew your member calling us on 02 98	ership securely online at www.mdnsw.org.au o 88 5711.	or by

MUSCULAR DYSTROPHY NSW PO Box 3071, North Strathfield NSW 2137 T 02 9888 5711 F 02 9887 4423 E info@mdnsw.org.au

