

membership application form

The following information 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)

Full Name:
 Dr / Mr / Mrs / Ms

Address:

Suburb:

State: Postcode:

Local Council:

Gender:

Marital Status:

Date of Birth (optional):

Cultural Background (optional):

Language other than English spoken at home (optional):

Employment Status: (please tick)

Employed Full Time Employed Part Time/Casual

Pension Recipient Unemployed

Home Duties Other:

Home Phone:

Work Phone:

Mobile:

Fax:

Email:

TYPE OF MEMBERSHIP

Please tick the most relevant box for you:

I have a neuromuscular disorder.

Type:

Someone in my household has a neuromuscular disorder

Someone in my household and I have a neuromuscular disorder

Relative/Friend

Health Professional

School/Community Group

Other:

How many members in your household are carers?

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

Name:	Gender:	Relationship to Member:	Date of Birth (optional):	Type of Neuromuscular Disorder:

Do you have a significant relationship with any other MDNSW member(s) not living in your household? (Please tick): Yes No If Yes, please give details:

Name(s):	Relationship to Member:

MDNSW PUBLICATIONS & INFORMATION

Do you wish to receive Talking Point by mail? *(please tick):*

- Yes No

(Talking Point can also be viewed on our website, www.mdnsw.org)

Would you like an Information Directory *(please tick):*

- Yes No
 I wish to receive my Information Directory by Post
 I wish to receive my Information Directory by Email

Are you interested in receiving information on Children's Events? *(please tick):*

- Yes No

Are you interested in receiving information on Support Networks? *(please tick):*

- Yes No

I have completed the separate photographic consent form: *(please tick):*

- Yes No

PAYMENT DETAILS

Do you require a receipt for membership?

- Yes No

Subscription:	\$22.00
Donation*:	\$ _____
TOTAL:	\$ _____

**Donations over \$2 are tax deductible and are gratefully received.*

- Enclosed is my cheque or money order payable to "Muscular Dystrophy Association of NSW"

OR

- Please charge my credit card:
 Visa Bankcard
 Mastercard American Express

Cardholder's Name:.....

Card Number:

Expiry Date:.....

Signature:

Date:

PLEASE RETURN THIS FORM WITH YOUR MEMBERSHIP FEE TO:
Muscular Dystrophy Association of NSW
PO Box 1365
Meadowbank NSW 2114
Phone: (02) 9809 2111 Fax: (02) 9809 4177