



MND Victoria - Membership Form

Title:	First Name:	Family Name:
Address:		
Phone:	Email:	
Mobile:	Signature:	
Name of person completing the form and who can be contacted on my behalf		
Phone:	Email:	
Relationship:	Signature:	

Membership Category (Please Tick Box)

I have MND - FREE Membership	<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 donation towards the work of MND Victoria (All donations over \$2 are tax deductible)			\$

TOTAL \$

Method of payment (please tick boxes):

Cash

Cheque

Credit Card:

VISA

Mastercard

Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card expiry date: /

Signature:

Complete form and post 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

Membership is for one year from the date of subscription.
 A reminder notice will be sent when renewal falls due.