



Centre for Neurological Support
 The Niche, Suite B/11 Aberdare Road
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 Web: www.mndawa.asn.au
 ABN: 49 312 430 982

MOTOR NEURONE DISEASE ASSOCIATION OF WESTERN AUSTRALIA Inc

APPLICATION FORM FOR MEMBERSHIP

Please tick New Member Renewal of Membership

Office use only	
Donor No.	
Entered By	
Date	

Title: Ms Mrs Mr Dr	
Given Name	Surname
Postal address	
	Postcode
Email	
Phone (M)	
Phone (W)	Phone (H)

Please send my copy of the Newsletter by:	<input type="checkbox"/> Email	<input type="checkbox"/> Hard copy posted
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MEMBERSHIP CATEGORIES	Annual FEE (\$)	\$
PATIENT MEMBER – Diagnosed with MND	FREE	
CARE MEMBER – Carer of person diagnosed with MND	\$10.00	
MEMBER – Supporter	\$20.00	
ASSOCIATE MEMBER – students, or non-Western Australian residents	\$10.00	
CORPORATE MEMBER – A corporate entity or Government Agency	\$100.00	
I also enclose a donation to the Association (All donations over \$2 are tax deductible)	DONATION	
	Total Payment	\$

PAYMENT DETAILS			
<input type="checkbox"/> Cash/Cheque/Money order	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Direct Debit

Card No.

- - - 3 digit ID number

Name of Cardholder	Card Expiry date
Signature	Date

MNDAWA from time to time may publish lists of members, or in the interest of research and fund raising, makes the membership list available to approved organisations. Your consent will be assumed unless you request removal of your name from any published list.

I wish to have my name removed from any published list of Members (please tick <input checked="" type="checkbox"/>)	
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Members Signature: _____

Date: _____

On Behalf of Member: _____