



**MOTOR NEURONE DISEASE ASSOCIATION OF WESTERN AUSTRALIA Inc**

**MEMBERSHIP APPLICATION/RENEWAL FORM**

Office Use Only	
Donor No.	
Entered Date	
Entered By	

Please tick ✓  New Member  Renewal of Membership

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

MEMBERSHIP CATEGORIES	ANNUAL FEE	\$
CARE MEMBER – Carer of person diagnosed with MND	\$10.00	
MEMBER – Supporter	\$20.00	
ASSOCIATE MEMBER – student, 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)		
	<b>Total Payment</b>	<b>\$</b>

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

Credit Card No.

-     -     -    
3 digit ID number

Name of Cardholder:	Card Expiry Date: /
Signature:	Date:

**YES!** I would like to make a regular giving donation. If you ticked yes, the Association will contact you to arrange this.

*MNDAWA from time to time may publish lists of members, or in the interest of research and fundraising, 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>I wish to have my name removed from any published list of Members (please tick ✓)</i>	<input type="checkbox"/>
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**Members Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**On Behalf of Member:** \_\_\_\_\_

OFFICE USE ONLY

APPLICATION NOMINATED BY CURRENT MEMBER – For New Applicants Only

Donor No.	
Membership Exp	

Members Name: \_\_\_\_\_

Members Signature: \_\_\_\_\_

Date: \_\_\_\_\_