



# MOTOR NEURONE DISEASE ASSOCIATION OF WESTERN AUSTRALIA Inc

## APPLICATION FORM FOR MEMBERSHIP/ RENEWAL

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

*\* New Members need to be nominated and supported by current financial members of the Association. Please contact the office for advice*

<b>Nominator</b>	Name	Signature
<b>Supporter</b>	Name	Signature

MEMBERSHIP CATEGORIES	Annual FEE	\$
<b>ORDINARY MEMBER</b> – Supporter -	\$20 AUD	
<b>PATIENT MEMBER</b> – Diagnosed with MND	\$10 AUD	
<b>CARE MEMBER</b> – Carer of person diagnosed with MND	\$10 AUD	
<b>ASSOCIATE MEMBER</b> –students, or non--Western Australian residents	\$10 AUD	
<b>CORPORATE MEMBER</b> – A corporate entity or Government Agency	\$100 AUD	
<b>I also enclose a donation to the Association (All donations over \$2 are tax deductible)</b>	DONATION	
	<b>Total Payment</b>	\$

***I am interested in supporting the Association in the following activities (please tick ✓). Please provide relevant information***

Volunteering	Fund raising	Professional skills	Committee service
Craft	Events	Other:	

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

Card No.

□□□□ - □□□□ - □□□□ - □□□□ 3 digit ID number □□□

Name of Cardholder	Card Expiry date
<i>Signature</i>	<i>Date</i>

*MNDWA from time to time may publish lists of members, or in the interest of research and fund raising, make 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 (please tick ✓)</i>	<input type="checkbox"/>
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OFFICE USE ONLY - Receipt No.	\$	Date
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