



**MEMBERSHIP APPLICATION**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to apply to be a member of Multiple Sclerosis Limited at a fee of \$22 per year (inc.GST) \$ 22.00

I would also like to make a donation towards the work of Multiple Sclerosis Limited. \$ \_\_\_\_\_  
*(Donations over \$2.00 are tax deductible)*

**Total \$ \_\_\_\_\_**

I understand that my membership:

- is subject to the provisions of the Multiple Sclerosis Limited Constitution
- Membership will only be valid upon clearance of my payment.

Method of Payment *(Please tick)*       Cheque       Visa       Master Card

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**Expiry Date**    \_\_\_\_\_ / \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature on Card:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I would like information about remembering Multiple Sclerosis Limited in my will.**