



## MEMBERSHIP APPLICATION

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

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

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

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

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

*\*If your details have changed please email [exec.admin@ms.org.au](mailto:exec.admin@ms.org.au) or phone 03 9845 2700 to update.*

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

I would also like to donate 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
- Renewal will only be valid upon clearance of my payment.

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### PAYMENT OPTIONS:

#### Electronic Funds Transfer:

\$ →  
Transfer direct to:  
**BSB:** 033 112  
**Acct:** 170312  
**Ref:** New Member

#### Credit Card:



Phone 03 9845 2700  
to pay by credit card  
**Ref:** New Member

#### Cheque:



Post this form with  
your cheque to:  
MSL – Membership  
54 Railway Road  
BLACKBURN VIC 3031

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