



Membership Application Form

I, _____ (person with MND/carer/ supporter)
(Please tick one category per person)
and _____ (person with MND/carer/ supporter)
of _____

_____ Postcode: _____

Telephone: () _____

Email address: _____

hereby make application for membership of MND Tasmania:

Signature 1: _____ date: _____

Signature 2: _____ date: _____

(If you are a person with MND) Will the Department of Veteran's Affairs be notified of your MND?
(Please circle the appropriate response) YES / NO

There is no cost of membership for people who have MND and their principle carer of the same address. The cost of membership for all others is \$20 per year (based on calendar year).

- I enclose my membership fee for MND Tasmania \$20.00
- I enclose a donation for MND Tasmania research and services \$ _____

Method of payment (Please circle one): Cheque (enclosed) Money Order (enclosed)
Direct Deposit (date of transaction: _____)

The bank account details for direct deposits via the Internet, telephone or bank are:

Commonwealth Bank of Australia, BSB 067-013, account nr: 2800 5202

Please mark your name on the deposit comments or transaction description to ensure we can send a receipt. Donations over \$2 are tax deductible.

Please post completed form to:

Membership Officer
MND Tasmania
PO Box 379
Sandy Bay TAS 7006
ABN: 21 877 144 292

Internet: www.mndatas.as.au Email: info@mndatas.asn.au
Tel: 1800 806 632

Membership is valid for one year.