

Motor Neurone Disease Association of South Australia Inc

Membership / Donation Form

PERSONAL DETAILS

Title _____ First Name _____ Surname _____	
Organisation (if applicable) _____	
Address _____	
Postcode _____	
Phone _____	Email _____
Please tick if you would not like to receive your newsletter by email <input type="checkbox"/>	

MEMBERSHIP CATEGORY

<input type="checkbox"/> I am a MND SA client (free membership)
<input type="checkbox"/> General Member \$20 per year \$ _____
<i>It is recommended carers / family members take out General Membership to ensure access to information and support is provided.</i>
<i>Please complete a separate form for each person wishing to become a member.</i>

DONATION

<input type="checkbox"/> I enclose a donation towards the work of MND SA \$ _____
<small>(Donations over \$2 are tax deductible)</small>

PAYMENT

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Name on card _____		
Card number _____ / _____ / _____ / _____		
Expiry date _____ / _____ Total \$ _____		

Please complete this form and return it to MND SA. We will send you a receipt.

Motor Neurone Disease Association of SA			
66 Hughes Street		PO Box 2087	
Mile End SA 5031		Hilton Plaza SA 5033	
Phone	08 8234 8448	Email	admin@mndsa.org.au
Fax	08 8120 0737	Website	www.mndsa.org.au