

Branch Membership Form

Please fill out & return with your donation to the address at the bottom of the page. Your form & donation will be immediately forwarded to the branch covering your area (see next page)

Membership Details

Full Name.....

Postal Address.....

.....Post Code.....

Phone Home.....Work.....

Mobile.....Email.....

Please tick box if you are happy to be contacted via email

Branch I wish to join the

- | | |
|--|--|
| <input type="checkbox"/> Northern branch | <input type="checkbox"/> Wellington branch |
| <input type="checkbox"/> Canterbury branch | <input type="checkbox"/> Southern branch |

Membership type

- I'm a supporter
- I have a family member/s with a condition (Please specify name/s of person/s)
.....
- I have a neuromuscular condition (please specify diagnosis)
.....

Membership Payment by Donation

We rely heavily on donations so please support us if you can.

Donations over \$5 are tax deductible

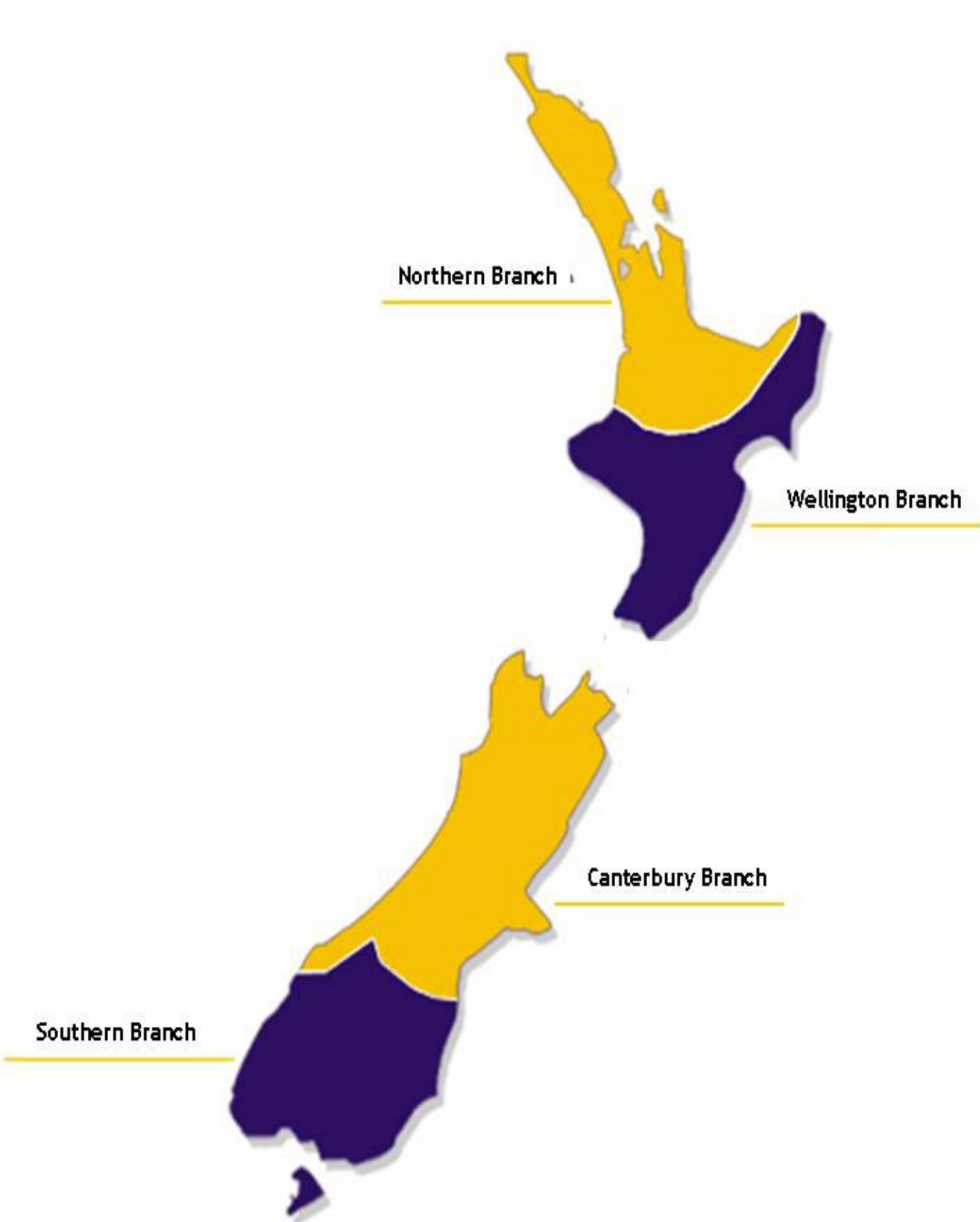
My Annual membership Fee/Donation of \$..... is enclosed or please contact us for an account & reference number to make a direct transfer

Signature.....Date:.....

Your details will not be passed on to anyone else, but will be held solely by your MDA branch and the MDA National Office. In accordance the Privacy Act 1993, you have the right to have access to information held about you by MDA and have it corrected if not accurate.

Postal Address: MDA PO Box 16238 Sandringham Auckland **Phone:** 0800 800 337

MDA OFFICE USE ONLY: Date Received:..... Receipt Sent:.....



Northern Branch

Wellington Branch

Canterbury Branch

Southern Branch