



MULTIPLE SCLEROSIS LIMITED

MEMBERSHIP APPLICATION 2011/2012

MEMBERSHIP DETAILS

Title.....First Name.....Surname.....

Address.....

Suburb..... State.....Postcode.....

Tel:Home(.....).....Business(.....).....Mobile.....

Email address:.....

I wish to renew my Membership with Multiple Sclerosis Limited at a fee of \$22 per year (inc.GST) **\$22.00**

I understand that my membership:

- is subject to acceptance by the Board of Directors
- will only be valid upon clearance of my payment
- is valid until 30 June of the current financial year

I enclose a donation towards the work of the Multiple Sclerosis Limited.
(Donations over \$2.00 are tax deductible)

Total \$

Method of Payment (Please tick) Cheque Visa Master Card

== == = / = == == = / = == == = / = == == = Expiry Date == = / = =

Name on Card

Signature..... Date.....

ANNUAL REPORT

I wish to receive a printed copy of the annual report by mail

I wish to receive an email advising me when the Multiple Sclerosis Limited Annual Report is available online.

MS Australia – ACT/NSW/VIC
The Nerve Centre
54 Railway Rd
Blackburn VIC 3130
T: 03 9845 2700
F: 03 9845 2777

Multiple Sclerosis Limited
ABN 66 004 942 287

www.msaustralia.org.au

