



MEMBERSHIP FORM

New Members and Renewal

MND NSW

for the year 1 July 2020 to 30 June 2021

To: Motor Neurone Disease New South Wales Limited (the "Company")

I, _____, consent to become a member of the Company, a company limited by guarantee and registered under the Corporations Act 2001 (Cth) (the "Act").

I hereby confirm and agree:

(a) to guarantee the liabilities of the Company up to the amount set out below; and

(b) to be bound by the terms of the Company constitution available from MND NSW as the constitution of the Company.

Amount of guarantee: \$1.00

You do not have to be a member to receive support and services from MND NSW.

Title _____ First Name _____ Last Name _____

Address _____

Postcode _____ Phone numbers _____

Email (Please print) _____

Signature _____ Date ____/____/____

<input type="checkbox"/>	I wish to renew my membership/join MND NSW	\$	20.00
Please accept my donation of (All donations of \$2 and over are tax deductible)		\$	
TOTAL		\$	

Please select payment method:

☐ I have enclosed my cheque (Please make payable to Motor Neurone Disease NSW Inc)

or

☐ Please charge my credit card

☐ Mastercard

☐ Visa

☐ AMEX

Card Number ____/____/____/____ Expires ____/____

Cardholder's Name _____ Signature _____

Please return this form to:

MND NSW

Locked Bag 5005 Gladesville NSW 1675

or fax to 02 9816 2077

Motor Neurone Disease NSW Ltd

ABN 12 387 503 221

Supported by the NSW Health Department

A member of MND Australia

Membership applications or renewals and donations can also be made online at www.mndnsw.asn.au

Gladesville Hospital Victoria Road Gladesville NSW 2111

Ph: 02 8877 0999 or 1800 777 175 Fax: 02 9816 2077

admin@mndnsw.asn.au

www.mndnsw.asn.au