

Muscular Dystrophy South Australia



Membership Form – July 2011 to June 2012

Name: _____

Address: _____

Contact Phone No(s): _____

I wish to become a financial member:

\$22 - Individual \$ _____ \$11 – Individual Concession \$ _____
\$32 – Family \$ _____ \$16 – Family Concession \$ _____

I wish to make a donation of: \$ _____

Total \$ _____

As part of your membership, please select the publications you wish to receive

Roundabout: Newsletter: Via the post: Via email to reduce printing costs:

Email address : _____

I wish to volunteer my time to help Muscular Dystrophy Association. I am interested in helping with:

Special Events: Lotteries: Office: Camp:

Please make contact with me as I would like to know more about volunteering:

Name: _____ Phone & Mobile Nos: _____

TAX INVOICE – ABN 99457 704 211

Enclosed find my: Cheque Money Order Other
OR please debit my Master Card Visa Card Diners Amex

Card Number: _____ / _____ / _____ / _____

Cardholder's Signature: _____ Expiry Date: ____/____

Cardholder's Name: _____

**Please return this payment slip with your membership fee to:
Muscular Dystrophy Association Inc, Reply Paid 414, Adelaide 5001**

Please check the details below and amend where necessary.

Do you require a receipt for membership? YES NO

Thank you for supporting the Muscular Dystrophy Association Inc.