

## Membership Application

Applicant's Details		
Full Name:	Date of Birth	:
Address:		
Email:	Phone:	
Connection with muscular dystrophy  Please indicate any of the connections below which are relevant to your application f  I have a neuromuscular condition, which is:  I have a relative or friend with a neuromuscular condition, which is:  I work with people living with these conditions. My profession is:  Other (please specify):		
Agreement with obligations as a member		
As a member of Muscular Dystrophy Queensland Limited, I agree to the following obligations:		
I will notify the secretary if my address or other contact details change.		
☐ I will pay an annual membership fee, and understand that if I don't my membership will lapse.		
☐ I understand that in the unlikely event that Muscular Dystrophy Queenslan contribute a "guarantee amount" of \$10 in total towards the company's de	•	•
$\hfill \square$ I support the purpose of the company, which is to provide services and suppose dystrophy, neuromuscular conditions and similar other conditions, and the		als living with muscular
Ongoing membership instructions		
$\square$ I would like to continue my membership of the organisation until furthed details provided below in January each year with the $\square$ annual membership		
$\ \square$ I would prefer to have annual reports emailed to me.		
Nomination by existing member		
Applications for membership must be nominated by an existing member. If lexisting member willing to support your application for membership. If you this section blank and we will seek nomination from another member on you	do not know and	
Payment -		
Annual membership fee: \$50 (plus GST) = \$ 55.00		
My donation of: \$		
*Donations over \$2 are tax deductible and are gratefully received.		porting Muscular Dystrophy rough membership.
Please charge my Mastercard Visa Amex  Credit Card Number:  I enclose a cheque payable to Muscular Dystrophy Qld  I have paid by funds transfer to BSB: 084-004 Acnt: 71 639 0235	A receipt will be Confirmation of provided in writhe opportunity	e provided for your payment. f your membership will be ting once the board have had to consider your membershi ts next general meeting.



Payment Reference: \_\_\_\_\_

Muscular Dystrophy Queensland Ltd 1149 Sandgate Road, Nundah Qld 4012 Locked Bag 3000, Eagle Farm BC Qld 4009

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