Muscular Dystrophy Queensland

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 for membership.

- ☐ 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 Queensland has to close, I am required to contribute a "guarantee amount" of $10 in total towards the company's debts, liabilities and costs of winding up.
- ☐ I support the purpose of the company, which is to provide services and support to individuals living with muscular dystrophy, neuromuscular conditions and similar other conditions, and their families.

Ongoing membership instructions

- ☐ I would like to **continue my membership of the organisation until further notice**. Please debit my credit card details provided below in January each year with the ☐ annual membership fee ☐ and donation nominated below.
- ☐ 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 known, please include the name of an existing member willing to support your application for membership. If you do not know another member, please leave this section blank and we will seek nomination from another member on your behalf.

Payment

Annual membership fee: $50 (plus GST) = $ 55.00

My donation of: $ _____

**Donations over $2 are tax deductible and are gratefully received.*

☐ Please charge my ☐ Mastercard ☐ Visa ☐ Amex

Credit Card Number: Expiry: ☐☐/☐☐

☐ I enclose a cheque payable to Muscular Dystrophy Qld

☐ I have paid by funds transfer to BSB: 084-004 Acnt: 71 639 0235

Payment Reference: _____

Thanks for supporting Muscular Dystrophy Queensland through membership.

A receipt will be provided for your payment. Confirmation of your membership will be provided in writing once the board have had the opportunity to consider your membership application at its next general meeting.

REGISTERED CHARITY acnc.gov.au/charityregister

Muscular Dystrophy Queensland Ltd
Unit 5, 2996 Logan Rd Underwood 4127
Locked Bag 3020, Springwood Qld 4127
Freecall: 1800 676 364
info@mdqld.org.au
www.mdqld.org.au
ACN: 621 816 975 **ABN:** 14 908 553 738