Muscular Dystrophy Queensland

Membership Application 2021

Thank you for supporting Muscular Dystrophy Queensland Ltd by becoming a member.

Your details:

Title: | Given Names: | Surname:

Address:

State: | Post Code:

Home Phone: | Business Phone: | Mobile Phone:

Email address: | Date of Birth:

Connection with muscular dystrophy (please select the most relevant box for you)

- ☐ I have a neuromuscular condition - type: _____
- ☐ I have a relative or friend with a neuromuscular conditon
- ☐ Medical or allied health professional
- ☐ Teacher or educator
- ☐ Company, professional body or association.
- ☐ Other: _____

Your liability:

☐ I understand that in the unlikely event that Muscular Dystrophy Queensland has to close with outstanding debts my liability is limited to a maximum $10.00 as outlined at clause 5.1(b) of the constitution of Muscular Dystrophy Queensland Ltd

Payment Details:

Membership fee is $20 plus GST

Membership	$	22.00
*Donation	$	_____
TOTAL:	$	_____

*Donations over $2 are tax deductible and are gratefully received. A receipt will be issued.

Payment Options:

☐ My cheque or money order is enclosed.

Please make cheques & money orders payable to Muscular Dystrophy Queensland.

☐ Charge my ☐ MasterCard ☐ VISA ☐ AMEX ☐ Diners Club International

Number:

Expiry: / | Signature:

Name: | Telephone:

I'd like more information about:

☐ volunteering ☐ making a bequest ☐ fundraising ☐ becoming a regular donor or art union ticket buyer.

REGISTERED CHARITY · acnc.gov.au/charityregister ·

Muscular Dystrophy Queensland Ltd
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ACN: 621 816 975 **ABN:** 14 908 553 738