



2020 MEMBERSHIP APPLICATION FORM

(for new members)

Thank you for your interest in the Motor Neurone Disease Association of Queensland Inc. (MND Queensland). Our aim is to support, in every way possible, people in Queensland with Motor Neurone Disease, their families and carers.

This form is to be completed by an applicant for ordinary membership of MND Queensland. Ordinary members must be adults with full legal capacity. **A form must be completed and signed by each applicant.**

Your application will be considered at the next meeting of the Management Committee and you will be notified in writing as to whether your application has been accepted.

YOUR PERSONAL DETAILS *Must be completed

*TITLE:..... *GIVEN NAME (S):..... *LAST NAME:.....

*RESIDENTIAL ADDRESS:.....

..... *STATE:..... *POSTCODE:.....

EMAIL:.....

HOME PHONE:..... MOBILE:.....

*DATE OF BIRTH:/...../.....

I would like my Newsletters and other correspondence to be sent via: Email Post

How did you hear about MND Queensland?

Health Care/Medical Professional Family/friend Website Social Media MND Queensland Staff Other

Do you currently receive MND Queensland services? Yes / No

Do you currently have any MND Queensland equipment? Yes / No

*Signed by applicant:..... *Date:...../...../.....

(or your Power of Attorney)

NEW APPLICATION MEMBERSHIP DETAILS (Annual renewal commences 1st January)

I am a person with Motor Neurone Disease (MND) **Annual membership \$5.00 (GST included)**

I am a family member of a person who has/had MND

I am a carer of a person with MND

I am a friend/work colleague of a person who has/had MND

I am a Health Professional

I am none of the above but wish to support people with MND

Annual membership \$25.00 (GST included) - Please tick all applicable boxes

MEMBERSHIP TOTAL \$.....

A separate form must be completed and signed by each applicant

NOMINATION Your application for membership requires a nomination by a current Member of MND Queensland.

If you do not know a Member and would like us to approach one on your behalf, please tick here .

Otherwise, please insert the name of your nominating Member and ask them to sign here.

Nominated by:..... (name)..... (signature) Date:.....

DONATIONS

MND Queensland relies heavily on the generosity of members and supporters to achieve its Mission of maintaining service delivery in Queensland to people with MND, their families and carers. Any donation included with this membership application will assist us in meeting our Mission.

Yes, I would like help MND Queensland support people with MND by making a tax deductible donation: (All donations \$2+ are tax deductible)

A SINGLE DONATION:

\$500 \$300 \$100 \$50 or Other \$ **DONATION TOTAL \$**.....

OR A MONTHLY DONATION which gives us financial security, reduces costs and enables us to plan for the future. Please debit the card below until further notice with a monthly donation of:

\$10 \$25 \$50 \$100 or Other \$

If you wish to donate online, please refer to the following link www.givenow.com.au/mndaq.

PAYMENT DETAILS

I enclose/authorise the following payment for annual membership/donation **TOTAL \$**.....

Method of payment – please tick relevant box:

Please charge my credit card: MasterCard Visa

Card number:

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Expiry:

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 Cardholder's name:

Signed: Date:/...../.....

I enclose my cheque (payable to MND Queensland)

I have made a direct credit to MND Queensland's National Australia Bank account:

BSB – 084 468 Account Number – 04 550 1976

Please include the reference: 'Membership – Your Last Name'

Please note that this form must be signed and posted/emailed to MND Queensland. Keep a copy of this form for your records and send the original plus your payment to:

MND Queensland, PO Box 470, Inala QLD 4077

or email to info@mndaq.org.au

Thank you for your support

OFFICE USE ONLY

Date Received	Date Processed	Reference Number	Date Approved by Board	Date Letter Sent
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