

# MEMBERSHIP APPLICATION FORM 2012-13



Multiple Sclerosis Society  
of SA & NT

<b>Membership Status:</b> <input type="checkbox"/> New Member <input type="checkbox"/> Renewal	
<b>Personal Details</b> (please tick)	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First name:	Surname:
Address:	Suburb:                      Postcode:
Telephone: home                      work                      mobile	
Email address	
Preferred method of contact: <input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> mobile <input type="checkbox"/> email <input type="checkbox"/> post	
Date of Birth:        /        /        Country of birth <input type="checkbox"/> male <input type="checkbox"/> female	
<b>Membership type:</b> Please select from the following membership options: (All membership fees are GST Inclusive)	
	<b>1 year</b> <b>2 years</b> <b>3 years</b> <b>5 years</b>
Bronze Membership	<input type="checkbox"/> \$15 <input type="checkbox"/> \$30 <input type="checkbox"/> \$40 <input type="checkbox"/> \$65
Silver Membership	<input type="checkbox"/> \$75 <input type="checkbox"/> \$150 <input type="checkbox"/> \$210 <input type="checkbox"/> \$325
Gold Membership	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$700 <input type="checkbox"/> \$1100
Life member	<input type="checkbox"/> \$750
VIP Client Member	<input type="checkbox"/> \$ N/A
<b>Step 3: Payment of account</b>	
<input type="checkbox"/> Payment by Credit Card	
Please debit my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club	
with \$	
<small>(NB at the time of processing, a surcharge of 4% will be added to your total amount due when using Amex or Diners)</small>	
Credit Card no                      /                      /                      /                      Expiry Date                      /                      /                      CCV	
Card holder's name	Signature
<input type="checkbox"/> Payment by cheque or money order or	
Please find enclosed my cheque/money order for \$                      made payable to MS Society of SA and NT Inc.	
We ask you to sign this form to enable us to process your application and ask your consent for the MS Society to store and use information in accordance with our privacy policy.	
Signature:	Date:        /        /
<b>Office use only</b>	
Membership number:	Process date        /        /
Processed by:	
Membership Pack sent:	