

MS Auckland Region Membership & Donation Form



Please return this form to:
MS Auckland Region
PO Box 16 275
Sandringham
Auckland 1351

Website: www.msaki.org.nz
Email: info@msaki.org.nz
Phone: (09) 845-5921

Date: ____/____/____

Is this a renewal membership? Yes: No: Membership Number: _____

Title: _____

First Name: _____ Family Name (if Family Membership): _____

Address: _____
Postcode: _____

Date of Birth: ____/____/____ Email: _____

Telephone contact details

Home:	Work:	Mobile:	Fax:

Please select one of the following:

- | | |
|---|---|
| I have MS <input type="checkbox"/> | A friend has MS <input type="checkbox"/> |
| A family member has MS <input type="checkbox"/> | I am a health professional <input type="checkbox"/> |
| Other <input type="checkbox"/> | |

Membership type:

- | | |
|---|--|
| Annual Individual \$40 <input type="checkbox"/> | Lifetime Individual \$400 <input type="checkbox"/> |
| Annual individual Beneficiary \$20 <input type="checkbox"/> | Lifetime Family \$550 <input type="checkbox"/> |
| Annual Family \$55 <input type="checkbox"/> | |

If you have chosen Annual Or Lifetime Family Membership, please give details of the family members you wish to include

	Name	Address	Email	Home Phone	Other Contact Number
1					
2					
3					

I wish to give a donation \$100.00 \$50.00 Other: \$ _____
\$ 20.00 \$10.00

Payment options:

I have enclosed my cheque payment of \$ _____
Please make cheques payable to MS Auckland Region Inc.

Please charge to my Visa or Mastercard:

Number: _____
Visa Mastercard Expiry Date: ____/____

Name on card: _____

Deposited into MS Account, ASB Bank, St Lukes Branch, Acc No. 12 3047 0088939 00.

Please remember to put in following information;
(Particulars: "Subs", Code: <<Your Surname>>, Reference: <<Your First Name>>.)

- Please send me a Receipt
- I am interested in receiving information about volunteering for MS Auckland Region
- I would like to receive MS Auckland Region's Bimonthly Newsletter