

Muscular Dystrophy Northern (MDN) 2020 Membership Form

Please fill out and return with your donation to the address at the bottom of the page.

Membership Details:

Full Name:.....Date of Birth

Address:.....

..... Post Code:.....

Phone: Home:.....Work:.....

Mobile:.....Email:.....

Membership type: (please tick appropriate)

- I have a condition (please specify type).....
- I have a Family member/s with a condition. (Please specify name/s of person/s)
.....
- I'm a supporter of the Branch

Membership Payment by Donation:

We rely heavily on donations so please support us if you can. Donations over \$5 are tax deductible.

My annual membership donation of \$..... is enclosed

If paying by internet banking: account number 12 3051 0415162 00.

Signature.....Date:.....

Your details will not be passed on to anyone else, but will be held solely by the MDN. Subject to the restrictions of the Privacy Act 1993, you have the right to have access to information held about you by MDN and have it corrected if not accurate.

Muscular Dystrophy Northern – Charities Commission no. CC29049

Phone: 09 415-5682 or 0800 636 787 **Email:** support@mdn.org.nz

Postal Address: PO Box 300-429, Albany, Auckland 0752

MDN OFFICE USE ONLY: Date Received:..... Receipt Sent:.....