MEMBERSHIP APPLICATION

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Please email completed form to exec.admin@msplus.org.au or mail to the Company Secretary, 8 Redfern Road, Hawthorn East 3123

I wish to be a member of MS Plus at a fee of $22 per year (inc. GST) **$** 22.00

I would also like to donate towards the work of MS Plus. **$** _____
(Donations over $2.00 are tax deductible)

Total $ _____

I understand that my membership:

- is subject to the provisions of the MS Plus Constitution
- is subject to acceptance by the Board of Directors
- is only valid upon clearance of my payment
- is valid until 30 June of the current financial year

PAYMENT OPTIONS:

Electronic Funds Transfer:
$ ➞
Transfer direct to:
BSB: 033 112
Acct: 170312
Ref: New Member

Credit Card:

Phone 03 9845 2700
to pay by credit card
Ref: New Member

Cheque:

Post this form with your cheque to:
MS Plus – Membership
8 Redfern Road
Hawthorn East VIC 3123

☐ **I would like information about remembering MS Plus in my will.**