2022 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 each applicant for ordinary membership of MND Queensland and renewable at the beginning of each calendar year.

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

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

RESIDENTIAL ADDRESS: ……..……...

……..**STATE:** ……**POSTCODE:** ……

EMAIL: ……...……...

HOME PHONE: ……...……..…… **MOBILE:** ……

DATE OF BIRTH: ……..…../…..……../……..

MEMBERSHIP INFORMATION

☐ I have Motor Neurone Disease - **No membership fee is applicable**

Do you currently have any MND Queensland equipment? Yes / No
Do you currently receive other services from MND Queensland? Yes / No

ALL OTHER APPLICANTS - ANNUAL MEMBERSHIP FEE - $25 (GST included)

☐ I am a friend/family member of a person with MND ☐ I am a Health / Medical Professional
☐ Other

To support the Association to reduce printing and postal costs plus be environmentally sustainable, please indicate which correspondence you are satisfied to receive by email or post – please tick your preference:

	Email	Post / Hardcopy (up to a week to receive)
The Cornflower Newsletter	☐	☐
Member Renewal	☐	☐
Other	☐	☐

How did you hear about MND Queensland?

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

Signature: ……..…….. **Date:** ……/……/……

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 greatly values all sized contributions to our mission of maintaining services to all Queenslanders living with MND and providing support to family members and carers.

Please consider making a tax-deductible donation with your Membership Application.
(All donations $2+ are tax deductible)

A SINGLE DONATION:

☐$500 ☐$250 ☐$100 ☐$50 or ☐ Other $ .....

OR A MONTHLY DONATION which helps us to confidently plan for the future as well as reduce administration costs.

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 go to www.givenow.com.au/mndaq

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PAYMENT DETAILS

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

Method of payment – please tick relevant box:

☐ I enclose my cheque (payable to MND Queensland)

☐ I have made a direct credit to MND Queensland's National Australia Bank account:
BSB – 084 129 Account Number – 48 879 8297
Please include the reference: 'Membership – Your Last Name'

☐ Please charge my credit card: ☐ MasterCard ☐ Visa

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry: ☐☐☐☐ **Cardholder's name:** .....

Signature: .....**Date:** ...../...../.....

Please note you can also call our office to pay via credit card or pay online at www.mndaq.org.au/Get-involved/Membership

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Please return this form by post or email to:

MND Queensland
ABN 75 990 922 939

PO Box 470, INALA QLD 4077

Email - info@mndaq.org.au

Phone - 07 3372 9004

Thank you for your support