

MOTOR NEURONE DISEASE ASSOCIATION OF SOUTH AFRICA

MEMBERSHIP APPLICATION / RENEWAL FORM

NAME:

Address: [Postal].....

Address: [Physical].....

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..... Postal Code

.....Postal Code

TEL NO: [Home].....

[Work].....

FAX NO:

E-Mail:.....

<u>ANNUAL INDIVIDUAL MEMBERSHIP</u>	<u>R 75.00</u>
<u>ANNUAL CORPORATE MEMBERSHIP</u>	<u>R100.00</u>

- NEWSLETTERS ARE MAILED QUARTERLY.
- THE ANNUAL GENERAL MEETING IS HELD IN CAPE TOWN IN SEPTEMBER.
- MEMBERSHIP FEES ARE DUE ANNUALLY IN APRIL.
- Donations will be gratefully accepted.
- Payments can be deposited directly into our Standard Bank Account:
Rondebosch Branch, Code 025009
Account number 27 062 913 0

Please remember to return this form to us with your payment or a copy of the deposit slip.