



Muscular Dystrophy WA **2017 Membership Application Form**

*Being a member of the Muscular Dystrophy WA Community means you have the services and support beyond medicine to live a life you love.*

- I wish to become a Member for the 2017 calendar year
- I wish to become a Member for Life (my annual membership will automatically renew until I cancel my membership)

Mr / Mrs / Ms / Miss / Other \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

What is your preferred method of contact? Please tick below.

- Phone call     Text     Email     Post

Which group of members do you most identify with? Please tick below.

- Individual with a neuromuscular condition

Type of muscular dystrophy: \_\_\_\_\_

- Family Member     Carer     Interested Third Party

What is the main language spoken at home? \_\_\_\_\_

I wish to receive information from MDWA in regards to the following (please tick where relevant).

- Fundraising Initiatives & Events     Community Programs
- Research     MDWA e-Newsletters & Updates

Your personal information will be kept in line with the MDWA Privacy Policy (available to view on our [website](#))