



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](#))