



ABN 73 104 198 752

People with Multiple Sclerosis – Victoria Incorporated

An endorsed tax deductible gift recipient

www.pwms-v.org.au

Membership Application Form (Membership is Free)

Name.....

Address.....

.....

Phone no..... Mobile.....

Email Address.....

TYPE OF MEMBERSHIP

() Full Member (as a person with MS) Gender; Male () Female ()

Age group: - under 20 20-30 30-40 40-50 50plus

Years since diagnosis: - under 5 5-10 10plus

—or—

() Associate Member (family member/carer/medical practitioner etc)

Name of regular member if applicable.....

Please forward completed form to:-

People with Multiple Sclerosis Vic. Inc.
PO Box 1035 Craigieburn North
Craigieburn 3064

—or—

Email: admin@pwms-v.org.au