

# Membership Application

Complete the fields below or select from the drop down options where applicable:

**Full Name of member with MS\***

**Street Address or PO Box for Correspondence\***

**Landline telephone number (if any)**

**Mobile Number\***

**eMail Address\***

**Type of Membership\***

Full Member (as a person with MS)

**Gender\***

Female

**Age Group\***

30 to 39 years old

**If an Associate membership application, what is the Name of the regular member?**

**Enter a comment or additional information (if any).**

(\* = a required field)

**My IP Address has been logged as:**

54.224.38.78

*The completed form will be emailed automaticaslly to:-*

**Michelle Raymond, Treasurer PwMS-V Inc**

**Roger Reece, Secretary PwMS-V Inc**

*You will also be entered in a draw for a VISA Gift Card to the value of \$*

*The name of the winner will be drawn at our Annual General Meeting in November.*