

Application for Membership

Please add my name to your membership list. I enclose my cheque for Annual/Life membership

Annual \$20.00

Life \$100.00

Send with cheque to:

The Treasurer
Wellington Multiple Sclerosis
Society
PO Box 15-024
Miramar, Wellington



Wellington Multiple Sclerosis Society

First Name _____

Surname _____

Address _____

Email _____

Would you like to receive the Society newsletter by email? Y/N

Phone _____

Date _____

<i>Office Use</i>	
Receipt No:	_____
Date:	_____