

New Member Registration Form

Name *			
First Name	Li	ast Name	
Email *			
example@example.com			
Phone *			
Address *			

D.O.B *

Our members are so important to us, and we would love to be able to reach out to you when it is you special day and wish you Happy Birthday

Day / Month / Year

Next Of Kin *

Full Name		

Contact Number

Which statement best describes you? *

I have MS

My family member has MS

I want to be involved and support people living with MS

This form is for the Central Coast MS Branch only. This is so we can create a record of new members and update member existing member records. Member records may only be accessed by current active executive committee members of the branch. MS Plus may ask to view member records at any time as per our contract agreement with them.



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How do you wish to receive Central Coast Branch newsletters?

To keep costs down, we do prefer to send via email option, however if this is not optional for you than we are more than happy to mail out.

Mail

| |

Email

There is a membership fee of \$5 per person payable upon registration and will be due for renewal every 1st of June. This is to make it easier for us to track and keep on top of. You can pay this via direct debit to;

NAME: Central Coast Branch of the Multiple Sclerosis Society of NSW BSB: 062-544 ACCT: 1005-4255 Reference: Your name

I understand, and agree to pay\$5 membership fee annually *

Yes

] No

You can pay your renewal fees in person every year at the Annual General Meeting, or via direct deposit with the banking details above.

Thank you for reaching out. We welcome you to participate as much, or as little as you like. We're all in this together. For any assistance, questions or just to talk, please don't hesitate to contact us on;

ccmsb.president@gmail.com or ccmsb.secretary@gmail.com

All General & AGM Meeting dates will be advised on our Facebook page https://www.facebook.com/MsCentralCoastBranch

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