



ABN 73 104 198 752

People with Multiple Sclerosis – Victoria Incorporated

An endorsed tax deductible gift recipient

www.pwmsv.org.au

Membership Application Form

(Membership is Free)

Name.....

Address.....

.....

Mobile telephone no. Other tel. no.

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@pwmsv.org.au