



ABN 73 104 198 752

**People with Multiple Sclerosis – Victoria Incorporated**

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[www.pwmsv.org.au](http://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.  
Post Office Box 39,  
Elwood, Victoria 3184

—or—

Email: [admin@pwmsv.org.au](mailto:admin@pwmsv.org.au)