



Application for Membership

Please add my name to your membership list. I wish to sign up for an Annual/Life membership. (please select)

Annual \$23.00

Life \$115.00

Wellington Multiple Sclerosis Society Inc.

First Name _____

Surname _____

Address _____

Email _____

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

Phone _____

Date _____

Payment can be made by either sending a cheque to:

The Treasurer
Wellington Multiple Sclerosis Society
PO Box 15-024, Miramar, Wellington 6243

Or via internet banking/direct deposit into our account.

Details are as follows:

Bank: BNZ

Account Name: Wellington Multiple Sclerosis Society

Account Number: 020560-0205899-00

Reference: Your Last Name