



MUSCULAR DYSTROPHY FOUNDATION OF SOUTH AFRICA

NATIONAL OFFICE
 P O Box 605, Florida Hills, 1716
 Tel: (011) 472-9703 Fax: 086-646-9117
 Email: national@mdsa.org.za
 Website: www.mdsa.org.za
 Reg. No. 004-152 NPO

| |
|-------|
| Date: |
|-------|

| Branch information | | |
|--|--------------------------|--------------------------|
| Please indicate if you are a new or existing member | New member | Existing member |
| CAPE (Western Cape, Northern Cape and part of Eastern Cape) 3 Wiener Street, Goodwood, 7460 Tel: 021 592 7306 Fax: 086 535 1387 | <input type="checkbox"/> | <input type="checkbox"/> |
| GAUTENG (includes Free State, Mpumalanga, Limpopo and North West) Corner of 414 Ontdekkers Road & 12 Botes Street, Florida Park, 1716 Tel: 011 472 9824 Fax: 086 646 9118 | <input type="checkbox"/> | <input type="checkbox"/> |
| KWA-ZULU NATAL (includes part of Eastern Cape) PO Box 142, Westville, 3630 Tel: 031 701 2982 Fax: 086 586 4144 | <input type="checkbox"/> | <input type="checkbox"/> |

We have various types of memberships available. Please tick which type of membership you're applying/applied for, and complete the details below so we can capture/update our records.

| | | |
|---------------------------------|---------------------------------|--------------------------|
| 1) Affected Person | 2) Family of an affected person | <input type="checkbox"/> |
| 3) Friend of an affected person | 4) Life membership | <input type="checkbox"/> |
| 5) Donor | 6) Friend of the Foundation | <input type="checkbox"/> |

Please complete the following for all membership types

| | | | | | |
|------------------|----------|---|------------------|-----|------|
| Title | Initials | First name | Surname | | |
| Date of Birth | | Race | Primary Language | | |
| Postal Address | | | | | Code |
| Physical Address | | | | | |
| Phone No (H) | | (W) | Fax no | | |
| Cell No | | Email | | | |
| Occupation | | Preferred contact method Please tick | Email | SMS | Post |

Please complete this block if you are an affected person

| | |
|--------------------------|----------------|
| Diagnosed disorder | Diagnosis Year |
| Diagnosing Doctor | |
| Current Physician's Name | |
| Medical Aid Name | |

If you're a family member or friend of an affected person filling in the form on their behalf:

| | | | | |
|--|----------|------------------------------------|------------------|------|
| Title | Initials | First name | Surname | |
| Date of Birth Y Y Y Y M M D D | | Race | Primary Language | |
| Diagnosed disorder | | Diagnosis Year | | |
| Diagnosing Doctor | | Current Physician's Name | | |
| Medical Aid Name | | | | |
| Physical Address | | | | |
| Postal Address | | | | Code |
| Phone No (H) | | (W) | Fax No | |
| Cell No | | Email | | |
| Occupation | | Are you able to visit our website? | YES | NO |
| Person affected: (Child, wife, husband, friend, etc) | | | | |

Donations:

| | |
|-------------------------------|--------------------|
| I'd like to make a donation R | Monthly Stop Order |
|-------------------------------|--------------------|

Payment Details:

You may deposit directly into our bank account, using your initials and surname as a reference:
 Muscular Dystrophy Cape Nedbank, 1011026775, 10-11-09, Current account
 Muscular Dystrophy Gauteng Nedbank, 1958323284, 19-58-05, Current Account
 Muscular Dystrophy KZN FNB, 54510020032, 22-32-26, Current Account
 Or post a cheque in favour of the Muscular Dystrophy Foundation to your branch. See details on the Contact us Page on our website www.mdsa.org.za.

KINDLY POST YOUR PROOF OF DONATION DEPOSIT TOGETHER WITH THIS FORM TO THE ABOVE ADDRESS or FAX A COPY OF YOUR DEPOSIT SLIP TOGETHER WITH THIS FORM TO 086-646-9117.