

If you would like to become a member you can fill in the form below and send back, join online at www.ms-society.ie or call 1850 233 233

life membership
€30 P.P.

Member 1 Mr/Ms/Mrs/Miss

Name: _____

Address: _____

Home number: _____

Mobile number: _____

Email: _____

Date of birth: _____

Tick the statement below that best describes you

- I am a person with MS
- (Year of diagnosis) _____
- I am a family member of someone with MS
- I am a carer for someone with MS
- I am a health professional
- I'm just interested in MS/MS Ireland

I would like my details sent to the nearest local voluntary branch

I would like to receive updates from MS Ireland via the electronic newsletter, eNews

I would like to receive the Annual Statutory Accounts by email

(As a member you are entitled to receive the Statutory Annual Accounts. If you select 'No', you will receive them by post)

Signature: _____

Date: _____

Member 2 Mr/Ms/Mrs/Miss

Name: _____

Address: _____

Home number: _____

Mobile number: _____

Email: _____

Date of birth: _____

Tick the statement below that best describes you

- I am a person with MS
- (Year of diagnosis) _____
- I am a family member of someone with MS
- I am a carer for someone with MS
- I am a health professional
- I'm just interested in MS/MS Ireland

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Signature: _____

Date: _____

To provide you with the best service possible we will send your details onto your local Regional Office where our professional staff will be able to advise you of particular services and activities in your area. If you do not want your details sent on, please tick here:

Payment. Membership is €30 per person. Donations are gratefully accepted

I enclose €_____ by Cheque Cash Bank Draft Postal Order made payable to 'MS Ireland'

Please debit my Laser Visa Mastercard by €_____

Card number:

Expiry date: