

Lifetime Membership Form

MEMBERSHIP OF THE MULTIPLE SCLEROSIS SOCIETY OF IRELAND IS OPEN TO ALL WHO WISH TO JOIN OUR STRONG, ACTIVE, AND GROWING COMMUNITY. BECOMING A MEMBER MEANS YOU WILL HAVE THE OPPORTUNITY TO INFLUENCE POLICY, TAP INTO INFORMATION AND SUPPORT SERVICES AND SHAPE HOW WE ADDRESS THE NEEDS OF PEOPLE WITH MS. MEMBERSHIP ALSO MEANS WE CAN CONTINUE TO PROVIDE SERVICES ACROSS THE COUNTRY LIKE INDIVIDUAL AND FAMILY SUPPORT, RESPITE CARE AND THE MS INFORMATION LINE. AS A MEMBER OF MS IRELAND YOU WILL RECEIVE COPIES OF MS NEWS MAGAZINE AND OTHER INFORMATION ABOUT OUR WORK

I wish to become a member of MS Ireland. Please complete in block capitals

Full Name: _____

Address: _____

Tel (Home): _____ Tel (Mobile): _____

Email Address: _____ DOB: _____

Tick the statement(s) below that best describes you:

- | | |
|--|---|
| <input type="checkbox"/> I am a person with MS | Year of Diagnosis _____ |
| <input type="checkbox"/> I am a family member of someone with MS | <input type="checkbox"/> I am a health professional. |
| <input type="checkbox"/> I am a carer for someone with MS | <input type="checkbox"/> I'm just interested in MS/MS Ireland |

Tick the statement(s) below if you consent to:

- receive emails/electronic newsletters with updates on MS Ireland's work, services, events & research (example E News, MS News)
- access the annual financial statements on the website.
Please note AGM notices and documentation will be sent to you by email.
- receive texts with updates on MS Ireland's work, services, events & research
- my details being sent to my nearest Voluntary Branch
-

Regional Office:

To provide you with the best service possible we would like to send your details to your **local regional office** where our professional staff will be able to advise you of particular services and activities in your area.

If you consent to your details being sent on, please tick here.

If you do not opt in, you will only receive national information and updates and no information about local events and services.

Payment Details:

Lifetime membership is €50. Donations gratefully accepted.

I enclose a **bank draft/postal order** for €50 for lifetime membership plus €_____ as a donation. Bank drafts can be made payable to MS Ireland and returned to the address below.

Please debit my **Visa card / MasterCard / Debit card** €50 for lifetime membership plus €_____ as a donation. Delete card type as appropriate.

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Security/CSV No.: _____ Name on Card: _____

Signature: _____ Date: _____

Office Use:

Paid by: Member Branch Branch Name: _____

Processed by: Name: _____

Receipt issued: Yes No

Multiple Sclerosis Ireland, Curragrean, Merlin Park, Co. Galway.

T: 091 768630 M: 086 4164044

| E: trionanr@ms-society.ie | W: www.ms-society.ie | MS Information Line: 0818 233 233

