

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

Full N	to become a member of MS Ireland. Please con Name: ess:						
	Home): Te):				
Email	I Address:		DOB:				
Tick tl	the statement(s) below that best describes you	1:					
	I am a person with MS Yes	ar of Diag	nosis				
	I am a family member of someone with MS		I am a health professional.				
	I am a carer for someone with MS		I'm just interested in MS/MS Ireland				
Tick tl	the statement(s) below if you consent to:						
	receive emails/electronic newsletters with research (example E News, MS News)	updates	on MS Ireland's work, services, events &				
		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	s work, se	ervices, events & research				
	my details being sent to my nearest Volur	ntary Bran	ich				

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 Options	5	Lifetime men	ibersnip	IS €50. Don	ations gra	tefully accepted
l enclose a a donation below.	a cheque/bank draf a. Bank drafts can be	t/postal order for made payable to	€50 for l MS Irela	ifetime men nd and retu	nbership p rned to the	lus € as e address
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Signature:	Member		Date			
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	Member 🔲	Office U	Date			