

## APPLICATION FOR MEMBERSHIP

I would like to join the Multiple Sclerosis Society as **either/or**:

### **A BRANCH MEMBER**

(If you return this form to Headquarters, your details and your subscription will be forwarded to a local branch.)

### **A NATIONAL MEMBER**

(We will send you membership publications direct)

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TITLE

FIRST NAME

MIDDLE INITIAL

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SURNAME

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ADDRESS

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POSTCODE

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TELEPHONE

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SIGNATURE

DATE

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The Multiple Sclerosis Society will record your details in accordance with its confidentiality policy. The Society is registered under the Data Protection Act.

**I HAVE MS** (completion of this tick box is optional)

*The minimum subscription is just £5 a year but if you add a donation you will be helping the MS Society continue its essential work.*

**ANNUAL MEMBERSHIP SUBSCRIPTION**

£

**PLUS MY DONATION**

£

**I ENCLOSE A CHEQUE/POSTAL ORDER FOR**

£

Please make cheques payable to the Multiple Sclerosis Society.

Return to you local branch:

*Leicester & District MS Society, 12 Charles Street, Leicester LE1 3FG*

or to Headquarters at the MS Society:

*MS National Centre, 372 Edgware Road, London NW2 6ND.*

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