



Muscular Dystrophy
New Zealand

APPLICATION FORM
MDA Member's Discretionary Fund

Note: You must be a registered member and have a neuromuscular condition that is covered by the MDA to apply to this fund.

Applicant Name:		Membership Number:	
Email:		Phone: Mobile:	
Address:		Preferred Contact Method:	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Post <input type="checkbox"/> Email
Condition:		Date of Birth:	

1. Please describe the resource/equipment/activity you are seeking funding for?
2. How will this resource/equipment/activity enhance your life?

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3. Does this resource/equipment/activity meet criteria for government funding? Yes / No (Please provide evidence where possible, e.g. copy of decline letter or eligibility criteria for Ministry of Health.)	
4. Amount you are applying for: \$_____	
Are you applying to MDA for full or partial funding? Full / Partial	
If you are applying for partial funding, how will you make up the difference required?	
I declare that all information contained in this application is true and correct. I consent to MDA contacting a supplier to verify costs and/or any person who is identified on supporting evidence, in relation to this application.	
Signature:	
Name & Relationship to Applicant: (if applying on behalf of someone else)	
Date:	

Supplier Information:

Company:			
Contact Person:		Role:	
Phone Number(s):			
Email:			
Reference: (e.g. Quote or Invoice number)			

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Additional Notes: (Optional information that may assist the MDA with your application)

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