

MDA Membership Application Form



Muscular Dystrophy
New Zealand

PERSONAL DETAILS

I have a neuromuscular condition (please provide your/ child's NHI# _____)

Name: _____

Title: Mr / Mrs / Ms / Miss

Physical Address: _____

Postal Address (if different): _____

Home Ph: _____ Work Ph: _____

Mobile: _____ Yes, please send me info via email

Email: _____

Gender: M / F

Date of birth: ____/____/____

Emergency Contact (for back of membership card) Name: _____ Contact number: _____

Ethnicity (Please circle all that apply): NZ European Pakeha NZ Maori (Iwi _____)

Samoan Chinese Indian Tongan Japanese African Australian Cook Island Maori Fijian

Other (please specify) _____

TYPE OF MEMBERSHIP REQUESTED (please tick one selection) please see page 3 for definitions

General Member Young/Rangatahi Member Child/Nga Taitamariki Friend of Assn

PERSON APPLYING FOR MEMBERSHIP'S DETAILS

I am the parent/ guardian or caregiver of a person with a neuromuscular condition.

My interest is work-related: _____

None of the above. My interest is: _____

For Office Use

Designated Branch: _____

Membership ID#: _____

DETAILS OF NEUROMUSCULAR DIAGNOSIS This is the person with the condition's details

(Do not complete this section again if these details are the same as above)

Name (of person with the condition): _____

Gender: M / F NHI #: _____ Date of birth: ____/____/____

Physical Address (if different from above): _____

Postal Address (if different from above): _____

Contact Ph (if different from above): _____

Email (if different from above): _____

Relationship (e.g. I am this person's mother/uncle etc.): _____

CONDITION DETAILS Please specify or circle the correct option

Condition: _____ or UNKNOWN

Date of Diagnosis: ____/____/____ or NOT FORMALLY DIAGNOSED

Current Neurologist: _____

Current GP: _____ GP Ph: _____

GP Address: _____

Yes, please send this GP an information pack about neuromuscular conditions

How did you hear about the MDA? Friend GP Neurologist Paediatrician Health Services
Website Family Other (Please specify) _____

I understand that this and other information provided to the Muscular Dystrophy Association of NZ will be kept confidentially in accordance with the Privacy Act 1993 and the Health and Information Privacy Code 1994.

Name: _____ Signature: _____

Date: ____/____/____

MDA Support Network

Find Strength Through Support



MDA Support Networks consist of people with similar circumstances or problems who come together to share their experiences and provide each other with emotional and moral support in addition to practical advice and information. By bringing together people with common experiences and concerns, support networks can provide an invaluable addition to medical care.

The Muscular Dystrophy Association of New Zealand Support Network has over 600 members throughout New Zealand who are willing to be in touch with others. If you would like to communicate with or meet other people through the Muscular Dystrophy Association please tell us what contact details you grant the Muscular Dystrophy Association to share with other members of the Muscular Dystrophy Association of New Zealand. Please note: to facilitate a good match between you and the other Support Network Members, we may need to share you or your child's condition, your membership type, your branch and/ or the town/ city you live in. By signing this form you are consenting for the MDA to do this.

Home Telephone number	Y / N
Mobile Phone Number	Y / N
Email Address	Y / N

If you have any queries or would like the information on starting up a support group please contact us on (09) 815 0247 or (0800) 800 337 or info@mda.org.nz

I, _____ grant permission for the Muscular Dystrophy Association of New Zealand to share my contact details as listed above, with other members of the Muscular Dystrophy Association of New Zealand Support Network. I understand that my details will be kept confidentially in accordance with the Privacy Act 1993.

SIGNATURE: _____ DATE: ____/____/____

MEMBERSHIP DEFINITIONS

General Member (25 years of age and over with voting rights)

Young (Rangatahi) Member (Aged between 16 and 24 years inclusive with the additional right to vote for a young representative on the National Council)

Child / Nga Taitamariki (Under 16 years of age, with no voting rights)

Friend of the Association (Interested in receiving information with no voting rights)

OFFICE USE ONLY

- Branch / NO sent details
- Support Network signed
- Receipt sent to member

- Donation Received
- Health Info Release Form

Comments: _____