

Banking detail:

Standard bank
401 024 342
Melville - 006 105



MSSA Inland Membership Application Form

This form can be completed by any person who wants to enroll as a member of MSSA Inland.
Annual Membership Fee: **R100.00**

Title:		Name:		Surname:	
Residential Address:					
Postal Address:					
eMail Address:					
Work Tel.:		Home Tel.:		Mobile No.	
Occupation (current / previous)					
Race:		Gender:		Age:	
Date of Birth:		ID Number:			
Next of kin Detail:					
MS Status:					
Interested in getting involved as a volunteer:					

Medical Information (optional) - Medical information is not a pre-requisite for membership

Medical Aid:	
Diagnosing Doctor:	
Date of first symptoms:	
Date of positive diagnosis:	
Any family MS history?	
Symptoms:	

Confidentiality - ALL INFORMATION PRESENTED IN THIS DOCUMENT IS STRICTLY PRIVATE AND CONFIDENTIAL AND WILL BE FOR THE SOLE USE OF THE INLAND BRANCH OF MSSA

Member Signature:		Date:	
Administrator Signature:		Date:	