

NALC-MDA Campaign

Official Registration Form

Please print or type

Branch # _____ City _____ State _____

Branch President _____

Address _____

City _____ State _____ Zipcode _____

Email address _____

Phone # _____

Branch MDA Coordinator _____

Address _____

City _____ State _____ Zipcode _____

Email address _____

Phone # _____

My branch will join NALC branches throughout the nation in our year-long campaign to raise funds for NALC's official charity - the Muscular Dystrophy Association (MDA). Please send the MDA-NALC packet of materials to our branch coordinator.

Branch President

In order to receive a *Coordinator's Kit* return form no later than **March 1** to:

Jim Williams, MDA Coordinator
NALC
100 Indiana Ave NW
Washington, DC 20001-2144