

# NALC-MDA Campaign

## Registration form

*Please print legibly or type*

Branch # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Branch president** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone # \_\_\_\_\_

**Branch MDA coordinator** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-mail 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's signature

\_\_\_\_\_  
date

Return form annually to:

**Geneva Kubal, National MDA Coordinator  
NALC  
100 Indiana Ave. NW  
Washington, DC 20001-2144**