

YEARLY MEMBERSHIP RENEWAL FORM



Membership runs from the 1st July through until the 30th of June in any year.

To vote at any General Meeting, you must have renewed your membership prior to that meeting.

Please find enclosed

Individual membership (\$10/yr)	\$.
or Family membership (\$15/yr)	\$.
I wish to make a donation of (optional)	\$.
TOTAL	\$.

Note: You may renew your membership up to 5 years in advance. (e.g. if you wanted to renew an individual membership for four years it would cost \$40)

Name: _____

Address: _____

Phone: (____) _____

Mobile: _____

email: _____

I give permission for the Society to send me emails and text messages:
(The Society's privacy policy is available on the Society website at www.cpsociety.org.nz)

Yes

No

Signed _____ Date _____

make cheques payable to the 'Cerebral Palsy Society of NZ' and post with this form to the address below or you can direct credit funds to the Society's account 12-3011-0809757-00 ensuring your name and the word 'renewal' are included in payment (still send this form in)

Cerebral Palsy Society of NZ, PO Box 24759, Royal Oak, Auckland 1345.

Ph: 0800 503-603

Fax: (09) 624 1802

Email: cpsociety@cpsociety.org.nz

Office Use Only

Monies Received: Date _____ Amount: \$ _____

Receipt No: _____ Date posted: _____

Details updated in Membership Register: Date _____

Comments: _____