

Application for Membership of the Cerebral Palsy Society of New Zealand Incorporated



I/We*, _____

(Address* _____

_____ Postcode: _____ Phone: _____

mobile: _____ email: _____,

occupation* _____) * Required by Incorporated Society's Act

hereby apply for individual / family membership of The Cerebral Palsy Society of New Zealand Inc.
(\$10) (\$15) (Please circle one)

Please tick the box below that best matches your circumstances:

1) I have cerebral palsy (CP) 2) A member of my family has CP 3) I/we do not have CP

Please provide name and date of birth for person with CP

Name (If different from above): _____ Date of birth: _____

Please outline your interest in becoming a member and how you heard of the Society:

How did you hear about the Society? _____
(Please use reverse side of this page if space above is insufficient)

If you know an existing member of the Society then please specify their name below:

Existing Member's Name _____

If accepted for membership I/we undertake to be bound by the Constitution of the Cerebral Palsy Society of New Zealand Inc.

I give permission for the Society to send me emails and text messages: Yes No

(The Society's privacy policy is available on the Society website at www.cpsociety.org.nz)

Signed _____ Date _____

The following is enclosed:

Individual membership fee of \$10 \$ _____

or Family membership fee of \$15 \$ _____

(optional) A donation of \$ _____

TOTAL \$ _____

Note:

Memberships run until the end of June, however new memberships approved in April-June run through to the end of the following June.

Post application form to: **Cerebral Palsy Society of NZ, PO Box 24759, Royal Oak, Auckland 1345**

Applicants will be advised of the outcome of their Application for Membership following the next monthly Board meeting.

Cerebral Palsy Society of NZ Inc: 0800 503-603 fax: (09) 624 1802 email: cpsociety@cpsociety.org.nz

Office Use Only

Date considered by the Board*: _____ Membership Approved / Declined / Deferred

Notification sent: Date: _____ Monies Received: Date _____ Amount \$ _____ Receipt No: _____

Membership No: _____ Date posted: _____ Database update: Date _____