



Parkinson's Northland - Membership Form

For Financial Year 1st January 2018 31st December 2018

Title	First Name	Surname	Ethnicity	D.O.B.	Category

Category Codes

Tick which Membership Fee (Incl. GST)

- | | | | |
|---|-------------------------|-----------------------|---------|
| 1 | Person with Parkinson's | <input type="radio"/> | \$25.00 |
| 2 | Partner/Caregiver | <input type="radio"/> | \$20.00 |
| 3 | Friend of Society | <input type="radio"/> | \$20.00 |

Address:..... Phone.....

..... Fax.....

E-Mail:..... Would you like newsletter by E-Mail Yes No

New Members

Would you like to be contacted by a Community Educator Yes No

Existing Members

I would like to renew my membership for a further 12 months.

Membership fee \$.....

Donation *Donations of \$5.00 or more are tax deductible.* \$.....

TOTAL \$.....

In accordance with the Privacy Act 1993, I give my consent to the collection of this information by Parkinson's Northland, for the purpose of membership records, activities and newsletters. communication with myself, and the conduct of business affairs. It will not be used or published outside the above, without my permission, and I acknowledge my right to the access and correction of this information.

Signed:..... Date:.....

Please send to: Parkinson's Northland, P.O. Box 641, Whangarei 0140

To pay by Direct Credit : ASB, Walton Street, Whangarei
12-3099-0631075-00 Please remember to include your name and whether it is subs or donation or both.
Please still post in this form for our records.