

MEMBERSHIP RENEWAL

Members First Name: _____

Last Name: _____

Email: (Please update if changed in the last 12 months) _____

Phone: _____

Mobile: _____

Membership number (if known) _____

Postal Address: (Please update if changed in the last 12 months) _____

Postcode: _____

Type of Membership

Individual with CP \$10 per year \$

Family member (family of a member with CP) \$15 per year \$

Associate member \$10 per year \$

Join up to 4 years in advance
_____ years x fee subtotal \$

(Optional) A donation of \$

TOTAL \$

Payment options:

Membership renewal fees can be paid by cheque, cash or direct credit to the Society's account 12-3011-0809757-00. Please use member with CP's first and last name as a reference.

Please send this form to the Society for processing regardless of your mode of payment. You can:

- Apply online from our website after logging into your member profile. Please let us know if you need more information on how to do this.
- Scan and email this form to cpsociety@cpsociety.org.nz
- Or post to CP Society:

CP Society
DX Box CP 31005
Newmarket
Auckland

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

Signed: _____ Date: _____

0800 503 603
cpsociety@cpsociety.org.nz
DX Box CP 31005,
Newmarket, Auckland
cpsociety.org.nz

