

# NEW MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Please tick the box that best matches your circumstances:

I have CP  A member of my family has CP  I/We do not have CP

Person with CP (If different from above):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Type of Membership

Individual with CP \$10 per year \$

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

Friends of CP Society \$10 per year \$

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

(Optional) A donation of \$

TOTAL \$

### Payment options:

Membership fees can be paid by cheque, cash or direct credit to the Society's account 12-3011-0809757-00. Please use your first and last name as a reference. Your new membership will be confirmed following the next bi-monthly Board meeting.

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](mailto: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](mailto:cpsociety@cpsociety.org.nz)  
DX Box CP 31005,  
Newmarket, Auckland  
[cpsociety.org.nz](http://cpsociety.org.nz)

