

# 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	\$ <input type="text"/>
Friend of the Society* - \$10 per year	\$ <input type="text"/>
Join up to 4 years in advance _____ years x fee subtotal	\$ <input type="text"/>
(Optional) A donation of	\$ <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/>

\* A Friend of the Society is an individual or family, without a direct association or connection to Cerebral Palsy, but who supports persons with, research in, advocacy of, Cerebral Palsy.

### Payment:

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

Please send this form to the Society for processing. 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)

