

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"/>
TOTAL	\$ <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
- Or post to CP Society:

CP Society
PO Box 24759
Royal Oak
Auckland 1345

If accepted for membership I/we undertake to be bound by the constitution, policies and guidelines of the Cerebral Palsy Society of New Zealand Inc.

Signed: _____ Date: _____

0800 503 603
cpsociety@cpsociety.org.nz
PO Box 24759, Royal Oak,
Auckland 1345
cpsociety.org.nz

