

MEMBERSHIP RENEWAL

Member's 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

CP Members - \$10 per year

\$

Family Members - \$15 per year

\$

Associate Member* (Friend of the
Society) - \$10 per year

\$

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

\$

(Optional) A donation of

\$

TOTAL

\$

* An Associate Member 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. The bank account name is **Cerebral Palsy Society of NZ** and the bank account number is **12-3011-0809757-00**. Please use the first and last name of the member with CP as a reference.

Please note: **The Society does NOT accept cash.**

Please send this form to the Society for processing. You can:

- Apply 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

