

MEMBERSHIP FORM

Epilepsy Association of New Zealand Inc.



EPILEPSY NEW ZEALAND®
THE NATIONAL EPILEPSY ASSOCIATION OF NEW ZEALAND
kia titiro ki te tangata - see the person

Yes ! I would like to help Epilepsy New Zealandby becoming a member

I am a.... New Member Renewal (My Membership number is:)

Name: _____

Organisation: _____
(if applicable)

Address: _____

Phone: _____ (home) _____ (mobile)

Email: _____

- Please send me information about remembering Epilepsy New Zealand in my will
- I would like to become a volunteer

Optional Information:

- Person with Epilepsy
- Parent or family member of a person with epilepsy
- Disability / Community Worker
- Medical Service Provider
- Other:

.....
Annual Subscription for period year end \$ _____
20__: (\$10.00 per person)

Donation: \$ _____
Donations of \$5.00 or more are tax deductible. A receipt will be sent promptly.

Payment Details:

1. Please make Cheques payable to '**Epilepsy Association of New Zealand**'
2. **Bank account details for direct credit:**

Name: Epilepsy Association of New Zealand Incorporated

Account Number: 02 – 0316 – 0132384 - 00

Reference: [Your name]

3. Credit Card Payment:

Credit Card: Visa MasterCard Amount: \$: _____

Card Number: _____ Expiry Date: ____/____

Cardholder Name: _____ Signature: _____

Please note this form must be returned in order to process your membership details. Address for return is:

Epilepsy Association of New Zealand Inc.

6 Vialou St., PO Box 1074

Waikato Mail Centre, Hamilton 3240

Tel: +64 7 834 3556 Email: national@epilepsy.org.nz

Office Use Only

Date Received: _____ **Receipt #:** _____ **Entered By:** _____