

Application for Membership to Hospice Mid-Northland Society Incorporated

Please complete in pen in **BLOCK** letters.

Name	1)		
		First name	Surname
Address			
Incl post code			
Telephone	1)		
	2)		
Email	1)		
	2)		
	<input type="checkbox"/>	I would like to receive my Hospice Mid-Northland Newsletter/correspondence by email	
Mobile	1)		
	2)		
Occupation(s)	1)		
	2)		
<i>Reason/s for wishing to become a Member of Hospice Mid-Northland Society Incorporated</i>			

Please complete boxes which are relevant to you:

I/We wish to apply to become a Member of Hospice Mid-Northland Society Incorporated.	<input type="checkbox"/> Individual
I am an already registered 'active' volunteer with Hospice Mid-Northland and wish to apply to become a member.	<input type="checkbox"/> Registered active volunteer
I enclose my/our subscription of \$5.00 per individual	\$
A donation included of	\$
Total	\$
PAYMENT OPTIONS:	
<input type="checkbox"/> Cash <input type="checkbox"/> Internet Banking payment \$ _____	
Hospice Mid-Northland Society Incorporated internet banking account ASB 12 3091 0091342 00 <ul style="list-style-type: none"> using the word 'Sub' as a reference and <u>include your name</u>. pay on-line at https://www.hospicemn.org.nz/page/about/ Complete the membership form on the bottom of the 'About Us' page on our website. 	
Signed:	Date:

Please return to Hospice Mid-Northland,
PO Box 141, Kerikeri 0245
Or via email to tracy.f@hospicemn.org.nz