

Application for Membership to Hospice Mid-Northland Society Incorporated

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

Name	1) <div style="display: flex; justify-content: space-between;"> First name Surname </div>
Address	
Incl post code	
Telephone	1)
	2)
	Please help us to save on mailing costs by supplying your email address
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 have read the Member Information Sheet and 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 individual	\$
A donation included of	\$
Total	\$ enclosed
PAYMENT OPTIONS: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Internet Banking payment \$ _____ Please make cheques payable to Hospice Mid-Northland Society Incorporated or use internet banking account 12 3091 0091342 00 using the word 'Sub' as a reference and <u>include your name</u> . • pay on-line at https://www.hospicemn.org.nz/ 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 admin@hospicemn.org.z