
Membership Subscription Renewal 2026

Name: Date:

Address: Phone:

Email

I would like to receive my Hospice Mid-Northland Newsletter/correspondence by email

I wish to continue being a member of Hospice Mid-Northland Society Incorporated for 2026.

\$5 payment made for 'Individual' membership subscription

Donation included of \$ _____

Cash

Internet Banking payment \$ _____

Internet banking account **ASB 12 3091 0091342 00** Hospice Mid-Northland Society Incorporated

- using the word 'Sub' as a reference and include your name.
- 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:

**Please return to Hospice Mid-Northland, PO Box 141, Kerikeri 0230
or via email to tracy.f@hospicemn.org.nz**