
Membership Subscription Renewal 2024

Name: Date:

Address: Phone

Email Please help us to save on mailing costs by supplying your email address

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 2024.

\$5 payment made for 'Individual' membership subscription

Donation included of \$_____

Cash

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 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 enter '2024Subs' under comments

Signed:

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