



HEART CHILDREN NZ INC ASSOCIATE MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION:

ASSOCIATE MEMBERSHIP APPLICANT: <i>Subscription Fee \$15</i> Mr / Mrs / Miss / Ms First Names Preferred to be known as Relationship to / Interest in HCNZ Inc:	<i>Membership No:</i> <i>Expires:</i>
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NOMINATED BY: <i>HCNZ Ordinary Member</i> Mr / Mrs / Miss / Ms Relationship to Applicant & Recommendation details:	<i>Membership No:</i> <i>Expires:</i>
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SECONDED BY: <i>HCNZ Ordinary Member</i> Mr / Mrs / Miss / Ms Relationship to Applicant:	<i>Membership No:</i> <i>Expires:</i>
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BOARD APPROVAL: Date: Signed:
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APPLICANT CONTACT DETAILS: Please pass on my name and contact details to my local Heart Children Branch: YES/NO Address: Telephone: Home Telephone: Work Mobile: Email:

Please see reverse of form →

Please give a brief description of your background, interest in Heart Children and the skills you bring to the organisation:

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.....

Payment Options

Please find enclosed my cheque

\$.....

Visa Mastercard. Please complete the following section.

Cardholder name: Visa/Mastercard (Please indicate)

Card Number:

Amount: \$..... Card Expiry Date: ____ / ____ \$.....

Cardholder Signature:

Included in this subscription is a donation for \$..... (optional) \$.....

Donations over \$5 are tax deductible.

\$.....

Total

Please post this form to:

**Heart Children New Zealand Inc
PO Box 108-034
Symonds Street
Auckland 1150**

As required under the provision of the Privacy Act 1993, except as required under Government Legislation, this information will only be divulged to, and used by, employees and Board Members of Heart Children NZ Inc (unless otherwise indicated above) for the purposes of maintaining a membership listing of the organisation; mailing; access to member benefits and privileges; and, ensuring member's rights in accordance with the constitution of Heart Children NZ Inc. You have the right of access to information held about you by Heart Children NZ Inc and to have it corrected if it is not accurate.

Date: _____

Signature (OF APPLICANT): _____