

Membership Form

PO Box 300129, Albany, Auckland 0752 | 0800 650 659 | admin@continence.org.nz

Please indicate your category of interest by ticking the appropriate group:

- Doctor Nurse Physiotherapist Rest Home/Hospital
- Corporate Club/group General Public

This information from Health professionals would be helpful for us to target our campaigns and would remain anonymous.

Are you employed by a DHB?

Are you self-employed or in private practice?

Are you employed in residential care/hospital?

PLEASE WITHHOLD MY ADDRESS for any purposes other than issuing of newsletters and association business, in line with the Privacy Act of New Zealand

Date: _____ Name: _____

Work Title: _____ Employer: _____

Postal Address (Work): _____

Physical Address (Work): _____

Home Address (Optional): _____

Phone (Work) (0): _____ Fax (Work) (0): _____

Email Address: _____

Mobile No (): _____

Payment Details:

Amount Due: \$ _____

(\$50.00 Annual Membership / \$300.00 Lifetime Membership / \$250.00 Annual Corporate Membership)

Name on Cheque: _____

Note: If a person joins in the last quarter of the financial year (January 1st) then the subscription fee will be half the annual fee for that financial year and membership shall apply to that year only. The deadline for renewal is the 30th June. Should you fail to pay your renewal in this time you will be deemed to be non financial and a non member.

Continence NZ Bank Account – 02 0152 0000448 00

NB: Please retain a copy as a tax record. Continence NZ GST number: 60-749-485