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**MEMBERSHIP REGISTRATION FORM
NEW MEMBERSHIP/ RENEWAL OF MEMBERSHIP**

Please delete what does not apply

SF Nelson thanks you for the support given by your financial membership. SF Nelson Branch is a non-profit incorporated society that relies on grants and donations to exist. Becoming a member also entitles you to vote at the SF Nelson Annual General Meeting and to stand for Committee for Supporting Families in Mental Illness Nelson Branch Incorporated. Your membership also helps SF Nelson to achieve its aims and objectives, and goes towards the cost of providing activities for families and whanau that the NMDHB contract is unable to fund, such as the mid winter dinner, Christmas BBQ, Thursday club and Tuesday club monthly social groups for families and service users, and other activities.

Surname:.....

First name (s) or initials:.....

Address:.....

.....

Phone number: Home..... **and/or mobile**

Email:

I enclose my annual subscription of \$..... **(\$20 recommended amount)**

And/or I enclose a donation/koha of \$..... **(tax deductible)**

If you prefer you can bank direct to our Bank account **03 0703 0491942 01**

In accordance with the requirements of the Privacy Act (1993) and the Health Information Privacy Code (1994) all information given will be strictly confidential, and will only be used for sending out national and local newsletters and notice of meetings and events and for membership surveys. Access to the information will be limited to a designated membership secretary/administrator.

Signed:.....

Date:.....