

# ANZMES MEMBERSHIP FORM

Associated New Zealand Myalgic Encephalopathy Society (Inc.)  
PO Box 36-307, Northcote, Auckland, New Zealand Telephone: +64 9 269 6374 Email: info@anzmes.org.nz

## MEMBERSHIP TYPE

- 1) Are you:  New Member  Renewing your membership
- 2) Is this membership for:  Principal Membership  Family Membership
- 3) I am:  Male  Female
- 4) My age is:  <20  20-29  30-39  40-49  
 50-59  60-69  70-79  80+

## CONTACT DETAILS

Dr / Mr / Mrs / Ms / Miss \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Telephone No. \_\_\_\_\_

## SUBSCRIPTION RATES

Subscription Rates: Includes membership and four issues of 'Meeting Place'

New Zealand	\$40 New Zealand dollars. Additional Family Members \$5 (no Meeting Place)
Australia	A\$46
United States (Air)	US\$42
Canada (Air)	C\$48
United Kingdom (Air)	£\$33

Subscription amount enclosed: \$ \_\_\_\_\_ Plus donation: \$ \_\_\_\_\_

Total enclosed: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For New Zealand subscribers, a reduced subscription may be available upon request from the Secretary.

## PAYMENT DETAILS

Payment can be made by cheque, credit card or direct credit (contact the Secretary for details). Please make cheques payable to ANZMES Inc. and for credit cards please provide details below.

Card Type:  Visa  Bankcard  Mastercard

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_