

ANZMES MEMBERSHIP FORM--Ordinary Members

Associated New Zealand Myalgic Encephalopathy Society Inc.
 PO Box 36-307, Northcote, Auckland. Telephone 64 9 269 6374
 E Mail info@anzmes.org.nz Website www.anzmes.org.nz



ANZMES welcomes membership from anyone suffering from or interested in ME/CFS including their family. The principal membership cost is \$40 and family membership which is available for an additional NZ\$5 entitles a family member residing at the same address to all the membership benefits other than a copy of Meeting Place. Joining as a family member helps increase our membership. Please complete and return to ANZMES, PO Box 36-307, Northcote, Auckland. NZ.

Membership Status, I am: A New Member Renewing my Membership 2008/9

MEMBERSHIP TYPE: Please complete both sections **only** if applying for Family Membership.

Principal Membership <input type="checkbox"/> Principal Member Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Forename..... Surname..... Telephone..... E Mail	Family Membership <input type="checkbox"/> Family Member Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Forename..... Surname..... E Mail
Address Suburb.....Town/City..... Country <input type="checkbox"/> NZ or..... POST CODE:	

I wish to pay my Annual Subscription of \$
 and make a donation to support ANZMES of \$
TOTAL \$

New Zealand:
 Principal Membership \$40
 Family Membership additional \$5
 A reduced subscription may be available for NZ Members depending upon circumstances, contact secretary for details.

 Australia AS\$46 United States US\$42
 Canada C\$48 UK £33

By the payment method indicated below:
PAYMENT METHOD - Please select only one

- Cheque** made payable to ANZMES.
- Direct to Bank:** Contact secretary for details.
- Credit card**

Type of card: Visa Mastercard Bankcard
 Card Number: -- --
 Valid from / Expiry Date /
 Name on Card.....
 Signature..... Date

OFFICE USE ONLY

P Membership No.
 F Membership No.
 Folio No.
 Entered in DB
 Receipt Issued
 Date Received

RECEIPT REQUESTED. Total Amount Donation Only