

ANZMES MEMBERSHIP FORM--Ordinary Members

Associated New Zealand Myalgic Encephalopathy Society Inc.
 PO Box 36-307, Northcote, Auckland. Telephone 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.
 Joining as a family member helps increase our membership.*

Please complete, print a copy, press clear form button
 and post to ANZMES, PO Box 36-307, Northcote, Auckland. NZ.

Membership Status, I am: A New Member	Renewing my 2009 Membership	No:
---------------------------------------	-----------------------------	-----

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

Principal Membership	Family Membership
Principal Member Dr Mr Mrs Miss Ms	Family Member Dr Mr Mrs Miss Ms
Forename	Forename
Surname	Surname
Telephone	E Mail
E Mail	
Address	
Suburb Town/City	
Country NZ or POST CODE:	

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

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	

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

OFFICE USE ONLY	
P Membership No.	<input type="text"/>
F Membership No.	<input type="text"/>
Folio No.	<input type="text"/>
Entered in DB	<input type="checkbox"/>
Receipt Issued	<input type="checkbox"/>
Date Received	

RECEIPT REQUESTED. Total Amount Donation Only

PRESS TO CLEAR FORM
 AFTER PRINTING