

Yes, I would like to become a member of Arthritis New Zealand.

Name

Address

Phone

Email

Mobile

Date of Birth Day | Month | Year

Ethnicity

Nearest Service Centre

Privacy: Information only collated for membership purposes.

Individual: \$20.00 Household: \$30.00 (# of people in household)

Do you have arthritis? yes no

What type of arthritis do you have?

I am paying by: Visa Mastercard Amex Diners
 Cheque enclosed (*please make out to 'Arthritis New Zealand'*)

Card No.

Expiry date M M / Y Y Card holder

Signature

Did you know that you can also donate online? www.arthritis.org.nz

Please complete and detach this membership form, seal it in envelope and post. Thank you!