Friends of Hospice

One Year Registration Application Form

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:**

Only Friends of Hospice on the Register at the date of notification may vote at an Annual General Meeting or a Special General Meeting.

The minimum financial contribution for registration is set at $50 per annum for an individual or $200 for a business to register for one year.

***Please return this form to Totara House South Auckland, PO Box 75 560, Manurewa 2243***

Please indicate which category you are applying under

Current staff member: Yes No

1. An individual making a financial contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. A business contributing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Covering the year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Method of payment: Cheque/Cash Credit card Internet banking

*(Please tick one)*

**Credit card payments:** **Internet banking payments:**

**Name on card:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank account:** 12-3032-0715880-02

**Expiry date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Particulars:** Surname/Company

**Card no.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Code:** First name

**Card type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CVC (3 digit code):**\_\_\_\_\_\_\_\_\_\_ **Reference:** Friends of Hospice