

PARAFEDAUCKLAND



Name _____

Address _____

_____ Post Code: _____

Phone Number: _____ Mobile _____

Email Address: _____

Date of Birth: _____

Type of Membership

PRIMARY ___ SUPPORTER ___ CAREGIVER ___ VOLUNTEER ___

Ethnicity: _____

Disability: _____

Classification: _____

Sports currently involved in: _____

Other sporting and recreational interests: _____

How would you like to receive correspondence? E-Mail ___ Post ___

Special Medical requirements: _____

Annual Membership \$20 can be paid by cheque or direct credit to:

*Auckland Paraplegic & Physically Disabled Assn Inc
ASB Bank-Hunters Corner 12-3117-0039236-00*

The Auckland Paraplegic and Physically Disabled Assoc.
*PO Box 23533
Hunters Corner
Auckland 2155*