



HAMILTON PARENTS CENTRE SUBSCRIPTION FORM

And Childbirth Education Enrolment Form

Hamilton PC
PO Box 1494
Hamilton
07 853 6110

*This information will be used for the purposes of Parents Centre membership and programmes.
Individuals may view and correct information held about them by contacting the membership officer for their centre.*

Your Details:

Title	First Name	Middle Name	Surname
Preferred Name		Birth date	
Occupation		Ethnicity	
Mailing Address		Street Address (if different)	
City	Postcode	City	Postcode
Preferred Phone	Alternative Phone	Cell Phone	
Fax	E-Mail (please remember to update this, particularly if it's your work one)		

Partner's Details:

Title	First Name	Middle Name	Surname
Preferred Name		Birth date	
Occupation		Ethnicity	

Children's Details:

	Preferred Name	Middle Name	Surname	Birth date	Gender
1.					
2.					
3.					
4.					

Due Date: (if applicable):	NHI No:	Lead Maternity Carer:
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Membership Subscription Options:

- | | |
|--|--|
| <input type="checkbox"/> 1 yr membership \$60
<input type="checkbox"/> 2 yr membership \$115
<input type="checkbox"/> 1 yr Committee Member \$20 | Community Services Card holders:
<input type="checkbox"/> including KiwiParent magazine \$49
<input type="checkbox"/> excluding KiwiParent magazine \$20 |
|--|--|

Antenatal Course (CBE) Options:

Includes: Early Pregnancy Night, 7 wk CBE Course, 5 wk Baby & You Course & membership
 With 1 yr membership \$195.00 with 2 yr membership \$240.00

Please make cheques payable to "Hamilton Parents Centre"

For Internet Banking: Westpac Trust 03-1557-0019969-00

Please use surname and either "New M" or "New CBE" as reference e.g. SMITH New M

All prices GST Inclusive

GST No: 55-214-034

- **How did you hear about Parents Centre/CBE classes?**
- **Are you interested in helping with courses/committee work etc?** Yes/No/Maybe in the future
 Please tick if you do not wish to receive offers from carefully screened companies in whose products or services we think you may be interested.

OFFICE USE ONLY

Effective Date:	Amount Paid:CHQ/CSH/IB	Receipt No:
Loaded to database:	Membership No:	Memb. Type: