



# HAMILTON PARENTS CENTRE SUBSCRIPTION 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	

## Partners Details:

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

## Children's Details:

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

## Membership/Subs Details: Please make cheques payable to "Hamilton Parents Centre"

- 1 yr membership \$60.00                       2 yr membership \$115  
 1 yr Community Services Card holder \$20                       1 yr Committee Member \$40

For Direct Credit our details are Westpac Trust 03-1557-0019969-00

Please use surname and NewM as reference e.g. SMITH NewM.

All prices GST Inclusive

GST No: 55-214-034

- **How did you hear about Parents Centre**.....
- **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: .....	Receipt No: .....
Loaded to database: .....	Membership No: .....	Memb. Type: .....