



## Membership Form

### YOUR PERSONAL DETAILS

YOUR NAME:

PARTNER'S NAME:

PREFERRED NAME:

PREFERRED NAME:

ADDRESS:

POST CODE:

HOME PHONE:

WORK:

HOME EMAIL:

MOBILE:

How did you hear about joining Parents Centre?

Are you interested in becoming more involved in Parents Centre?

YES  NO  Maybe in Future

### MEMBERSHIP OPTIONS *(Please tick one of the following)*

1 year full membership **\$70.00**

1 year Community Services Card Membership \* **\$35.00**

2 year full membership **\$110.00**

\*Community Services Card N<sup>o</sup> Exp

1 year committee membership **\$30.00**

### PAYMENT METHOD

Cheque (attached)

Internet Banking Date transferred:.....  
(Account Details: SBS 03-1355-05186630-00)

Please tick if you DO NOT wish to receive offers from carefully screened companies whose products or services we think you may be interested in.

**Please post this form together with your cheque (payable to *Invercargill Parents Centre*) to:**

**✉ Membership Officer**

**PO Box 6102, Invercargill. Post Code 9841**

**Enquiries PH 2147 990**

#### Office Use Only

Amount Paid : \_\_\_\_\_ Membership Number: \_\_\_\_\_ Date Actioned: \_\_\_\_\_

Forwarded to : CBE Coordinator Membership Coordinator Treasurer

Initial (committee member receiving form): \_\_\_\_\_ Date Received \_\_\_\_\_

*NOTE: This information will be used for the purpose of Parents Centre membership. Individuals may view and correct any information about themselves by contacting the membership officer for the Invercargill Parents Centre.*



# INVERCARGILL Parents Centre

25 Exmouth Street, Invercargill  
PO Box 6102  
Ph 2147 990  
[invercargillparentscentre@gmail.com](mailto:invercargillparentscentre@gmail.com)

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