

KAPITI PARENTS CENTRE

P.O. Box 167 Paraparaumu kapiti@parentscentre.org.nz



Parents Centre General Membership Enrolment Form

Your details

Title _____ First name _____ Surname _____
Gender _____ Birth date _____
Occupation _____
Ethnicity _____

Partner's details (if applicable)

Title _____ First name _____ Surname _____
Gender _____ Birth date _____
Occupation _____
Ethnicity _____

Contact details

Physical Address _____
Street address Suburb Town/City Postcode
Postal Address (if different) _____
Town/City Postcode
Phone (0) _____ (0) _____ (0) _____
Home Work Mobile
E-mail _____

Office use:

Amount paid _____
Membership # _____
Membership code _____
Delivery code _____
Date actioned _____

Children's details

First name _____ Surname _____ Date of birth _____ Gender _____
First name _____ Surname _____ Date of birth _____ Gender _____

Membership Details

Please tick one of the following:

- 1 year full membership (\$60) 2 year full membership (\$115)
 1 year committee membership (\$40) 1 year Kiwi Parent subscription (\$29)
 1 year Community Services membership (\$30) 2 year Kiwi Parent subscription (\$58)
 _____ Community Services Card number

How did you hear about joining Parents Centre? _____

Are you interested in volunteering for Parents Centre now or in the future? _____

If so, please indicate when you would like to be contacted (e.g. 1 month, 3 months or 6 months) _____

Today's Date _____

This form can be posted back to us at PO Box 167, Paraparaumu, or scanned, and emailed to us at Kapiti@parentscentre.org.nz or can be handed to any committee member at Little Wiggles

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.

This information will be used for the purpose of Parents Centre membership and courses and the compilation of national statistics. Individuals may view and correct information about themselves by contacting the membership officer for their Centre.