



NELSON DISTRICT PARENTS CENTRE MEMBERSHIP FORM



Your Details	Partner's Details
Title: _____ First Name: _____	Title: _____ First Name: _____
Surname: _____	Surname: _____
Preferred Name: _____	Preferred Name: _____
Date of Birth _____	Date of Birth _____
Ethnicity: NZ European Pakeha / Maori / Pacific / European Other _____	Ethnicity: NZ European Pakeha / Maori / Pacific / European Other _____
Occupation: _____	Occupation: _____

How did you find out about us? Midwife / Doctor / Pamphlet / Hospital / Friend / The Leader / Other _____

Are you interested in helping with courses, hostessing, committee work? Yes / No / Maybe in the future

Contact Details:

Address: _____

Suburb: _____ City: _____ Post Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email Address: _____

IMPORTANT : If you are supplying a current work email address, please remember to tell us your new email address when you finish working

Membership Options

<p>Membership Only (Membership includes Kiwi Parent Magazine unless stated otherwise)</p> <p><input type="checkbox"/> \$60 One Year Membership OR <input type="checkbox"/> \$115 Two Year Membership</p> <p><input type="checkbox"/> \$30 One Year Membership - Community Services Card</p> <p>Antenatal Course & Membership</p> <p><input type="checkbox"/> \$150 Antenatal Course & One Year Membership</p> <p><input type="checkbox"/> \$205 Antenatal Course & Two Year Membership</p> <p><input type="checkbox"/> \$120 Antenatal Course & One Year Membership - Community Services Card</p>	<p>Baby & You</p> <p><input type="checkbox"/> \$25 Baby & You Course, if paid for with Antenatal Course</p> <p><input type="checkbox"/> \$35 Baby & You Course – Members</p> <p><input type="checkbox"/> \$50 Baby & You Course – Non Members</p> <p>Moving & Munching</p> <p><input type="checkbox"/> \$30 Moving & Munching Course – Members</p> <p><input type="checkbox"/> \$40 Moving & Munching Course – Non Members</p> <p>Other</p> <p><input type="checkbox"/> \$15 renewal membership for active committee members</p>
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Community Services Card Number (to be shown on first day of course): _____

Payment Options

- I have made a direct deposit into Nelson District Parents Centre's bank account: **(Preferred Payment Method)**
Westpac Stoke 03-1709-0045972-00 Please use your Surname and/or Phone Number as a reference
- I have enclosed a cheque payable to Nelson District Parents Centre Inc

Complete and post this form to: **The Membership Officer, Nelson District Parents Centre, P O Box 683, Nelson 7010**

Parents Centre Use:

Received by Mail Collection Officer	Payment Received	Date:	Amount:
Received by Membership Officer	Entered into Database	Membership Pack Sent	

Form Last Updated October 2011

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