TAUPO PARENTS CENTRE

Membeship Form

PO BOX 1009, TAUPO, NEW ZEALAND 3351

phone: 07 378 4995, taupoparentscentre@xtra.co.nz

facebook You can also find us on Facebook

Your Details	Partners Details
Title ___ First Name_____ Surname_____	Title ___ First Name_____ Surname_____
Ethnicity _____ Occupation _____ (industry / position)	Ethnicity _____ Occupation _____ (industry / position)
Work, Community Experience & Skills	Work, Community Experience & Skills

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

How did you hear about Taupo Parents Centre?_____

Children's Details

Name	Birth Date	Sex	Name	Birth Date	Sex
		M/F			M/F
		M/F			M/F

Contact Details

Address: _____ Post Code_____

Phone: Home (0)_____Work (0)_____ Cell (0)_____ Email:_____

*******Most of our communication is via email, if you wish to receive communication via post instead please tick*** ☐

Membership Options	Amount *(GST Incl.)*
One Year Membership	$ 60.00
One Year Membership for Community Services Card Holder Card No: _____ Exp. Date _____	$ 20.00
Committee Member One Year Membership **(2nd year membership only)**	$ 40.00
Baby & You + Moving, Munching & 1st Aid + One Year Membership	$ 75.00
Please Circle chosen option	TOTAL OWING

Internet Banking Payment to: 03 0430 0246932-00, Reference: Membership & your name

☐ Please tick if you do not wish your name, your partner's name or your baby's name to be listed in our newsletter

☐ Please tick if you do not wish to receive information (email, phone, post) about our parenting course, events and centre activities

☐ Please tick if you do not wish to receive offers from screened companies with relevant products or services

This information will be used for the purpose of Parents Centre membership, events and courses, and for the compilation of national statistics.

Individuals may view and correct information about themselves by contacting the membership officer.