

Timaru Parents Centre Membership / Childbirth Education Enrolment Form



Your details

Title _____ First name _____ Surname _____

Preferred Name: _____

Gender _____ Birth date _____

Occupation _____

Ethnicity _____

Due Date _____ (if applicable) _____

Partner's details (if applicable)

Title _____ First name _____ Surname _____

Preferred Name: _____

Gender _____ Birth date _____

Occupation _____

Ethnicity _____

LMC _____ (if applicable) _____

NHI Number _____ (if enrolling for our Childbirth Education Classes)

Contact details

Postal Address _____
Street address Suburb Town/City Postcode

Phone (0) _____ (0) _____
Home Mobile

Personal Use _____

E-mail Address _____

Office use:
Amount paid _____
Date Paid _____
Membership # _____

Enrolment Details

Please tick the following:

_____ Childbirth Education Class fee for CPR (\$10)

_____ 1 year full membership (\$60)

_____ 1 year committee membership (\$40)

_____ 1 year Community Services membership (\$20)

_____ Community Services Card number

_____ Cheque Enclosed

_____ Internet Banking
Account # 03-0887-0245825-00

How did you hear about Timaru Parents Centre? _____

Are you interested in helping Timaru Parents Centre?

With Events YES / NO

Joining the Committee YES / NO / MAYBE IN THE FUTURE

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

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_____ 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 tick if you **do not** want your name, your partner's name or your baby's name listed in our "New Arrivals"

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.

Return to the Childbirth Education Co-ordinator P.O. Box 815 Timaru with payment enclosed or with internet banking indicated on form.