

Membership



*please tick the appropriate box
personal/family/professional*

- | | | |
|--------------------------|--------------------------|------------|
| NZ resident | <input type="checkbox"/> | \$25 p.a |
| Overseas Resident | <input type="checkbox"/> | \$30 p.a. |
| Life Membership | <input type="checkbox"/> | \$300 |
| Group/Club/Society/Trust | <input type="checkbox"/> | \$200 p.a. |
| Corporate/Company | <input type="checkbox"/> | \$400 p.a. |

Name _____

Contact Person _____

Address _____

Phone _____ Fax _____

Email _____



**New Zealand
Spinal Trust**

Te Taratihu Manaaki Tuanui

Private Bag 4708
Christchurch

Phone: +64 3 383 6881 Fax: +64 3 383 7500

Email: nzspinaltrust@burwood.org.nz

Donations

I/We would like to support the **Spinal Network** and the work of the **New Zealand Spinal Trust** on behalf of people with spinal impairments, their carers and researchers.

Enclosed is my/our tax deductible donation of (please tick the appropriate box)

\$25

\$50

\$100

\$ _____