



## Annual Membership application form

Title:

First Name:

Last Name:

Position:

Gender:

Date of Birth

Ethnicity

Island Affiliations

Occupation

Organisation:

Address 1:

Address 2:

City:  Postcode:

Country:

Postal Address:

Phone (Day):  Phone (Evening):

Mobile:  Fax:

Email:

Student ID:

### MEMBERSHIP FEE:

Association fees of \$10 per annum apply. All subscriptions shall be paid within the first three months of the Association's financial year.

### PAYMENT OPTIONS

Please select option below. Remittance: Fees include GST (CIHNA GST No. 76-515-980)

- Cheque attached** payable to Cook Islands Health Network Association (NZ) Inc.
- Online payment** Westpac 03-0179-0231115-00 (*type your name in 'Particulars' field then 1<sup>st</sup> initial & 1<sup>st</sup> three letters of your surname & DOB-ddmm only in 'Code' field, then type Membership in 'Reference' field, e.g. 'Tom Brown - tbro1603 -Membership'*).
- Invoice** me at the details above

### ADDRESS

Print and post, fax or email completed form plus payment to:

Post: PO Box 23055 Hunters Corner Papatoetoe Auckland NZ Fax: +64 9 250 5761  
Email: [secretary@cihna.org.nz](mailto:secretary@cihna.org.nz) Ph: +64 9 250 5768

Any member who wishes to withdraw from the Association shall do so by giving four weeks notice in writing to the Association Secretary. The Executive Committee may terminate the membership or suspend from the Association any member whose conduct either in or out of the Associations is deemed by it, after suitable enquiry, to be injurious to the character and interests of the Association.