



APPLICATION FOR MEMBERSHIP

I am applying to become a member of Deafblind (NZ) Incorporated (Society). In anticipation of acceptance I enclose my membership subscription and completed Application for Membership form.

Full Name: (Mr/Mrs/Miss/Ms) _____

Address: _____

Phone No: _____ **Date of Birth:** _____

Membership Category: Select your membership category from the three options below. Junior Members and Individual (voting) Members must meet the criteria for full registration with the RNZFB and be eligible to receive Deafblind services from the RNZFB.

- Junior Member (Deafblind and under 16 years of age) **Yes/No**
- Individual (voting) Member (Deafblind): unwaged members are \$5 per year and waged members are \$10 per year **Yes/No**
- Associate Member (non-deafblind): unwaged members are \$5 per year and waged members are \$10 per year **Yes/No**

Subscription - I enclose

- \$being Individual Membership for **one/two** years
- \$being Associate Membership for **one/two** years
- \$being a donation

I prefer information in: Braille / Cassette / Print / Large Print / Email

Email Address: _____

Fax: I request information be faxed to me at: _____

RNZFB Member Registration Number: _____

(Required for Junior and Individual (voting) Membership)

To assist the Society to maintain accuracy of its membership database, validating the membership status of Individual (Voting) members is critical. This requires your consent for the Society to confirm with the RNZFB that you meet the criteria to receive Deafblind Services. Gaining your consent at the same time as you submit your membership application simplifies the process for everyone. Anyone falling outside the criteria is eligible for Associate Membership and does not need to complete this section.

I (the undersigned) am deafblind and give permission for Deafblind (NZ) Incorporated to obtain information from the RNZFB that confirms I meet the criteria to receive deafblind services from the RNZFB.

Member's Signature: _____

NOTE

In the event this membership application is signed on behalf of the Individual Member or Junior Member (by a parent, guardian, care-giver, spouse or support person), reasons that substantiate the applicant not signing must be provided (Refer Rule 6, Admission of Members, clause 6.2).

Representative's Name: _____

Representative's Signature: _____

Reasons: _____

Note

- Cheques should be made payable to: Deafblind (NZ) Incorporated
- All subscriptions fall due annually on 1 April

Return membership form and cheque to Deafblind (NZ) Incorporated
Post P O Box 13533, Johnsonville, Wellington

Contact Deafblind (NZ) Incorporated

Email: info@deafblind.org.nz

Phone: 027 40434338 or 06 327744