

2017 MEMBERSHIP FORM



1 January – 31 December 2017

NEW Parafed Wellington members - please return this completed membership form to Parafed Wellington by email parafed.wlg@xtra.co.nz.

RETURNING Parafed Wellington member - please just email parafed.wlg@xtra.co.nz confirming your 2017 membership and include any new or updated details.

First Name					Mr/Mrs/Ms/Miss
Surname					
Address			Suburb		
City			Postal Code		
Phone	Home	Work	Mobile		
Email					
Occupation				Date of Birth	
Disability					
Mobility Aid Used	Wheelchair	Electric	Manual	Sticks	Crutches

Tick any sport you are interested in participating in :

Archery	Athletics	Boccia	Bowls	Swimming	Sailing
Wheelchair Basketball	Wheelchair Rugby	Wheelchair Tennis	Other		
Recreation					Competition

If you are paying for a Family Subscription, please name family members who will be included in this fee:

First Name(s)					Mr/Mrs/Ms/Miss
Surname(s)					

Subscription - 1 January to 31 December 2017

Single	\$ 30.00	
Family	\$ 40.00	
Donation	\$	Thank you
TOTAL	\$	(GST Inclusive)

Methods of Payment

Deposits can be made electronically into the Parafed Wellington bank account **03 0510 0750194 00**

Please identify payment by using your initial and surname (eg John Smith) when paying online.

Or cheques can be posted to the Parafed Wellington office.
Receipts will not be sent out unless specifically requested