

# 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](mailto:parafed.wlg@xtra.co.nz).

**RETURNING** Parafed Wellington member - please just email [parafed.wlg@xtra.co.nz](mailto: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	\$ <input type="text"/>	(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