



**Membership / Subscription  
(per annum)**

Date: \_\_\_\_\_

Please circle one:

Title: Mr. / Mrs. / Ms. / Miss / Dr.

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone/s: 0 \_\_\_\_\_

Mobile: 0 \_\_\_\_\_

Fax: \_\_\_\_\_

E Mail/s: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/ 19\_\_\_\_ / 20\_\_\_\_

**Optional Details:**

Occupation: \_\_\_\_\_

Date / Year diagnosed: \_\_\_\_\_

**Type of diabetes - Please circle one:**

I have:        Type 1        Type 2

Pre-diabetes    Other \_\_\_\_\_

Treatment:    Diet Only    Tablets    Insulin

Combination Therapy:    Tablets & Insulin

**Membership Subscription: \$25. 00**

Voluntary Donation: \_\_\_\_\_

Total enclosed:

Diabetes New Zealand North Taranaki Incorporated membership annual subscriptions may change from time to time.

Your annual membership entitles you to full membership of both Diabetes NZ Inc. and DNZ North Taranaki Inc. e.g. voting rights, advocacy, support, continuing education and the local Taranaki Societies **'Network'** and Diabetes NZ national **'diabetes'** magazines.

I agree to my name / details and DNZ capitation fees being directed on to DNZ for mailing the national magazine **'diabetes'** to me.

Please circle one:        Yes        No

**Note:** This confidential information is collected pursuant to the Privacy Act 1977. To enable Diabetes New Zealand North Taranaki Inc. to provide the appropriate support for you, please forward your details to us at P.O. Box 3038, New Plymouth 4341.

As from the 1<sup>st</sup> April 2009, DNZ North Taranaki members will receive their annual subscription invoices from the DNZ National Membership Centre and you are asked to return your annual remittance to: The National Office, Diabetes NZ, P.O. Box 12441, Thorndon, Wellington 6144.