



STROKE FOUNDATION HAMILTON

Membership Subscription

for the 1st July 2018 – 30th June 2019 year

Subscription is \$10 per year per person

NAME:

First:.....Surname:.....

ADDRESS:

.....
.....
.....Post Code.....

Phone Number:.....

Mobile:.....

Email Address:.....

Next of Kin, family member or person we can contact if there is a problem while you are at the stroke club.

Name.....Phone Contact.....

~~~~~

Civil Defence

Are you happy for this information to be passed on to the Civil Defence Authorities so a register can be kept so you can be contacted and checked on in the event of a Civil Emergency? Please tick one of the boxes below.

**Yes:**  **No:**

Please complete this form and give to either the front desk at a stroke club meeting or post with the payment to the Secretary at P.O. Box 27112, Garnet Avenue, Hamilton 3257  
OR Internet bank into Stroke Foundation Hamilton Account Number **03-1555-0042161-000**