



STROKE FOUNDATION HAMILTON

Membership Subscription

For the 1st July 2025 – 30th June 2026 year

Subscription is \$10 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 the stroke club meeting or post with payment to the Secretary at P.O. Box 27112, Garnett Avenue, Hamilton 3257.

OR Internet bank into Stroke Foundation Hamilton Bank Account Number: **03-1555-0042161-000**