

Kids With Arthritis New Zealand Registration Form



Please fill in this form and return it to:
Kids With Arthritis NZ, PO Box 48175, Blockhouse Bay, Auckland 0644
or Email to: executive.kwanz@hotmail.co.nz

CHILDS INFORMATION

Last Name:

First Name:

Middle Name:

Preferred Name:

Gender: M / F

Birth Date:

Ethnic Group (optional):

Type of Arthritis:

Date Diagnosed:

Siblings and Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

PARENTS OR GUARDIANS

(1) Last Name:

First Name:

Relationship to Child:

Address:

Suburb:

City:

Postal Code:

Home Phone:()

Work Phone:()

Mobile:()

Fax:()

Email:

(2) Last Name:

First Name:

Relationship to Child:

Address:

Suburb:

City:

Postal Code:

Home Phone :()

Work Phone :()

Mobile :()

Fax :()

Email:

Other Emergency Contacts:

Name:

Relationship to Child:

Home Phone: ()

Work Phone: ()

Declaration: All the information given on this form is true and correct.

Name:

Date:

Signature:

Your Personal Privacy: Information only collected for membership purposes.

Membership to 'Kids With Arthritis New Zealand is **FREE**.

All donations over \$5.00 are tax deductible, and a receipt will be sent in recognition of your contribution.

☐ \$10 ☐ \$25 ☐ \$50 ☐ Other \$_____ **CHEQUES MADE OUT TO:- Kids With Arthritis NZ**

Account Name: Arthritis Foundation of New Zealand Inc
Bank: ANZ, Wellington Commercial
Account Number: 06-0501-0016449-00
Reference: KWANZ Donation **(Your Name)**