

## **Membership of North Haven Hospice Society Incorporated**

### **Membership Benefits:**

- Invited to attend the Annual General Meeting
- Voting rights at the Annual General Meeting
- Eligible to participate in electing your Board Members
- Eligible to stand for the North Haven Hospice Society Board
- Receive our newsletter three times a year

### **Your membership helps North Haven Hospice.....**

- Provide hospice care free of charge to those in our community with a life-limiting illness.
- To meet the annual shortfall we have each year after Government funding of approximately \$2 million
- Run our In-patient Care Unit – private rooms, 24 hour care
- Care for patients in their home – visits by nurses, doctors and social worker, loan of equipment
- Provide family support – Whanau Room, Living Well program, grief counselling, Chaplain support

### **To become a member of North Haven Hospice Society Incorporated you should.....**

- Have an interest in Palliative Care and/or a record of support of its work
- Apply for membership by completing the attached Membership form and sending it to North Haven Hospice Society Incorporated, PO Box 7050, Tikipunga, Whangarei 0112
- On approval of your membership, pay the annual membership fee of \$25.00

### **Other things you should know.....**

- The annual subscription fee for 2017 is \$25.00. This includes GST and is not a tax deductible donation
- The membership year runs from 1 July to 30 June
- Should you make payment with your membership form, this will be held pending acceptance of your membership application by the Board
- A renewal reminder will be sent in June of each year, and you will have three months to renew your membership from that time.



**I would like to become a Member of North Haven Hospice Society Incorporated**

Please complete all questions in full

Title: Prof/Rev/Dr/Mr/Mrs/Miss/Ms

Full name: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

I enclose/authorise payment of the \$25.00 membership fee (on the understanding that this will be held pending acceptance of my membership application by the Board) as follows:

Cheque/cash - \$25 (cheques payable to North Haven Hospice Society Incorporated)

Please debit my credit card

Amount \$..... VISA / MASTERCARD Expiry Date..... /.....

Name as it appears on the card .....

Signature.....

Once you have completed this application please post or fax to:

North Haven Hospice Society Incorporated  
PO Box 7050  
Whangarei 0112  
Fax: 09 4376219

You will receive confirmation of membership and a receipt for your subscription fee.

Please note that your personal information is held securely and will not be disclosed to another person or organisation unless authorised by you. Members have the right to see and correct their information at any time.