TAUPO HOSPITAL & HEALTH SOCIETY Inc. AND CHARITABLE TRUST

MEMBERSHIP SUBSCRIPTION & GENERAL DONATION FORM

Name | **New Member** Y/N

Address | **Existing Member** Y/N

Postcode

Email Address | **Phone No.**

DETAILS:

Member type	Description	Membership Dues	Please tick Appropriate box	Comments
FULL (Ordinary)	Individual - Annual subscription	**$10**		
FAMILY (Ordinary)	Family member – Annual subscription	**$20**		
LIFE IN PERPETUITY	Life Membership – One off fee (pp)	**$100**		
CORPORATE	Company, business, club – Annual subscription	**$100**		
OTHER	If Donation please write amount in NEXT box →	**$**		Please indicate if receipt is required Y/N
TOTAL PAID	**Bank transfer only**	**$**	Date Paid	

NOTE: Receipts will only be issued by email unless a prepaid envelope is supplied. (Please ensure you have completed a form with your payment and updated your email address so we can forward a receipt to you)

Office Use Only			
Date Received		Member No	
Xero Y/N		Database Y/N	
Financial Year		Receipt Sent	

Direct Credit Details (if paying electronically)
Account Name: **Taupo Hospital & Health Society**
Account Number: **12-3162-0079800-00 –** Please enter your **name** as **Reference**
Branch: **ASB Taupo**

If Posting; Please send to; Taupo Hospital & Health Society PO BOX 233 TAUPO 3351

We thank you for your continued support, should you have any queries please do not hesitate to contact us via email; admin@thhs.org.nz.