



Membership Subscription 2022-2023

Name: _____ Surname: _____

Address: _____

Phone (home): _____ Mobile: _____

Email: _____

Membership Fee: **\$5**

Donation: \$ _____

Brain Injury Information Card Required: **Y/N**

If yes please state name to appear on the card: _____

I consent to the collection and retention of the above information by The Brain Injury Association Northland Inc for the purposes of membership records, in accordance with the Privacy Act 1993.

Signature: _____

Payment via internet banking: ASB 12-3093 0207556 00
The Brain Injury Association Northland Inc.

Address: 98 Cairnfield Rd.

Postal address:

PO Box 4001, Kamo, Whangarei

Phone: 09 459 5013

Email: northland@brain-injury.org.nz

Web: www.braininjurynorthland.org

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