

You need only to complete this form if you are paying by cheque.
Otherwise, please email: membership@retina.org.nz or
Phone: 0800 233 833 to confirm you have made payment by direct credit

Retina New Zealand Inc. - Membership Renewal Form

NAME:
(First name) (Surname)

ADDRESS:
..... POST CODE:

PHONE: Home: (0)..... Bus: (0).....

EMAIL: MOBILE

OCCUPATION:

MEMBERSHIP SUBSCRIPTIONS:

Waged: \$20.00

Unwaged/Retired: \$10.00

Donation: \$ All donations over \$5.00 are tax deductible.
(A receipt will be issued.)

Total Payment: \$

There are three ways to pay your annual subscription:

1. By telephone banking or on-line bank transfer, the bank account number for payments to go into is: **12-3013-0845604-00** Please put your initials & surname so that we can easily identify your payment.
2. Go into your local ASB branch with this form and pay cash into the account number quoted above. Please put your initials & surname in the reference column so that we can easily identify your payment.
3. Send us a cheque and complete this part of the form:

I attach Cheque No.: for the sum of \$.....
payable to **Retina New Zealand Inc.** for my subscription for the year
commencing **1 July**

(When paid this form becomes a Tax Invoice – G.S.T. No. 53 – 686-885)

How do you want to receive your newsletter? **IN PRINT / ON TAPE / BY EMAIL**
(Please circle applicable format/s)

Are you a member of the Foundation of the Blind? **YES / NO**

SIGNED: DATE:

Please Post the completed form and cheque to: **Retina NZ Inc,**
PO Box 2232, Raumati Beach 5032

April 2011