

Please print this form and mail or fax to :

Cancer Society Auckland
PO Box 1724
Shortland Street
Auckland 1140

Fax: 09 308 0175

I wish to become a member of the Cancer Society Auckland for the current financial year (Tick preferred option)

\$20.00 Individual

\$30.00 Family (2 or more per household)

(If you would like to become a member of the **Ostomy Support Service** or **Lymphoedema Support Network**, please phone 09 308 0168 and ask for an application form to be sent to you).

Title: Initials: First Name: Surname:

Address:

Suburb: Postcode:

Daytime phone No: Email address:

Please make cheques payable to Cancer Society Auckland, or

My credit card number is:

Visa

MasterCard

Expiry date:

Name on card:

(Membership subscriptions are NOT tax deductible)

I am interested in volunteer work for the Cancer Society Auckland

I am interested in helping with special events for the Cancer Society Auckland

Thank you for your support