

Diabetes NZ Rotorua Inc.

MEMBERSHIP APPLICATION FORM

Annual subscriptions are \$30 for adults or \$20 for youth (<25yrs).

NAME: _____ DATE: _____
ADDRESS: _____

POST CODE: _____
PHONE: _____
E-MAIL: _____

TYPE OF DIABETES
e.g. TYPE 1 or TYPE 2 _____
TREATMENT
e.g. INSULIN / TABLETS / DIET
ONLY _____
DATE OF DIAGNOSIS
(APPROX) _____

I wish to make an additional donation to Diabetes NZ Rotorua \$ _____

Cheques should be made out to: **Diabetes NZ Rotorua**
and mailed to:

The Secretary
Diabetes NZ Rotorua
PO Box 12053
Rotorua 3045



[Website March 2010]