

Deaf Aotearoa Membership Form



Personal Information

Name: Mr: Mrs: Ms: Other:.....
 (Please circle one)

Address:

..... D. O. B. (optional):

Mailing address if different than above:

.....

Email address: Fax number:

Mobile (text) number: Phone / TTY number:

Your name will be placed on our register of members; your personal details will be used for membership purpose only. No personal details will be released. Please tick one or more which applies the most

| | | | | | |
|------------------|---|--------------------------|------------------|---|--------------------------|
| Identity | Deaf | <input type="checkbox"/> | Status | Student | <input type="checkbox"/> |
| | Hearing Impaired (<i>hard of hearing</i>) | <input type="checkbox"/> | | Working | <input type="checkbox"/> |
| | Hearing | <input type="checkbox"/> | | Looking for a job | <input type="checkbox"/> |
| | Deaf blind | <input type="checkbox"/> | | Other | <input type="checkbox"/> |
| Ethnicity | European/Pakeha | <input type="checkbox"/> | Languages | NZSL (<i>New Zealand Sign Language</i>) | <input type="checkbox"/> |
| | Maori | <input type="checkbox"/> | | Spoken English (oral) | <input type="checkbox"/> |
| | Pacific | <input type="checkbox"/> | | Both (NZSL & oral) | <input type="checkbox"/> |
| | Asian | <input type="checkbox"/> | | Te Reo (Māori) | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> | | Other | <input type="checkbox"/> |

Koha / Donation

We do not charge a membership fee, but do invite you to make a koha (donation). Make a Koha:

\$5.00 \$10.00 \$20.00 More \$ _____

Newsletters / Community Notices

Would you like to receive our:

Community Notices: (*random*)

By email By fax

Local Newsletters: (*monthly*)

By email By post

National Newsletters: (*4 times a year*)

By email By post only

I'm Deaf ID card

Do you want to have one: Yes No

Koha/Donation

Cash or cheque accepted (*don't post cash*)
 (Cheque payable to Deaf Aotearoa)
 Internet Banking: 02-0184-0363155-25

Fill in form and post to:

P.O. Box 15 - 770
 New Lynn
 Auckland 0640

Hand in to your local office

Visit your local Deaf Aotearoa office
 check the website www.deaf.org.nz
 for physical address of office

OFFICE USE ONLY

Name entered on register:

Membership number:

Signature:

Included on database: Yes No

Donation received: Yes amount: No

If yes, receipt number