



P O Box 88, Hamilton, 3240, **New Zealand**

Website: www.sleepapnoeanz.org.nz
Email: saanz.membership@gmail.com
Registered with Charities Commission, CC 20925

SAANZ Membership Renewal Form

If unable to complete the online form, please print and complete this form in hard copy and return to P.O.Box 88, Hamilton, 3240 to ensure we have your latest details.

* Required field

*Date: _____

*This is a ___ new membership or ___ renewal.

In future I prefer to receive my newsletter: ___ By email ___ In posted hard copy

TITLE: MR / MRS / MS / MISS / DR /

*SURNAME: _____

*CHRISTIAN NAME: _____

*ADDRESS:

_____ * POST CODE _____

*PHONENUMBERS: Home (0) _____ Mobile _____

EMAIL ADDRESS: _____

(Please print clearly and ensure any punctuation is showing)

I would also like to make a donation of \$ _____

I enclose a cheque for \$ _____ or

I have paid by Online banking to **12-3031-0836357-00** **Include Ref SAANZSUB and your full name**