

TAX INVOICE
GST No. 51-404-157
P O Box 11243
Wellington 6142
New Zealand
Phone: 04 472-3060
Fax: 04 472-3059



MEMBERSHIP APPLICATION/RENEWAL

Please fill out the information below and return it with your subscription to the above address. If any of your details change, please let us know so that we can amend our database to ensure you are kept up-to-date. Please email pha@pha.org.nz if you would like to pay by direct credit.

PERSONAL DETAILS:

Name: _____
Address: _____
Suburb: _____
City: _____
Post code: _____
Phone 1: _____
Phone 2: _____
Email: _____
Email 2: _____
Organisation: _____
Position: _____

ETHNICITY: (Please tick up to two options)

NZ Māori NZ European or Pakeha
 Other European Samoan
 Tongan Cook Island Māori
 Niuean Chinese
 Indian
 Other: _____

Iwi (1): _____
Iwi (2): _____

BRANCH: (Please tick up to two options)

Auckland Te Tai Tokerau
 Waikato Central Districts
 Wellington Canterbury
 Otago / Southland Pacific

SUBSCRIBE: (Please tick)

PHA Bulletin
 PHA News
 Kawerongo Hiko

AREAS OF EXPERTISE/INTEREST: (Please tick)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Child and youth health
<input type="checkbox"/> Communicable diseases	<input type="checkbox"/> Community issues
<input type="checkbox"/> Determinants of health	<input type="checkbox"/> Disability/equity issues
<input type="checkbox"/> Environmental (ecology)	<input type="checkbox"/> Epidemiology
<input type="checkbox"/> Ethnic/Pacific issues	<input type="checkbox"/> Food issues
<input type="checkbox"/> Gambling	<input type="checkbox"/> Health economics
<input type="checkbox"/> Health impact assessment	<input type="checkbox"/> Health promotion
<input type="checkbox"/> Health protection	<input type="checkbox"/> Housing
<input type="checkbox"/> Illicit drugs	<input type="checkbox"/> Injury prevention
<input type="checkbox"/> Māori health	<input type="checkbox"/> Mental health
<input type="checkbox"/> Oral health	<input type="checkbox"/> Primary health care
<input type="checkbox"/> Research/evaluation	<input type="checkbox"/> Sexual health
<input type="checkbox"/> Tobacco control	<input type="checkbox"/> Women's issues
<input type="checkbox"/> Workforce issues	
<input type="checkbox"/> Other: _____	

MEMBERSHIP FEES:

Income \$90,000+ per annum	\$175.00	<input type="checkbox"/>
Income \$50-\$90k per annum	\$130.00	<input type="checkbox"/>
Income \$30-\$50k per annum	\$85.00	<input type="checkbox"/>
Income less than \$30k per annum	\$40.00	<input type="checkbox"/>
DONATION (TAX DEDUCTIBLE)	\$ _____	<input type="checkbox"/>

PAYMENT TYPE: (Please tick)

Cheque – enclosed

Direct Debit

Amount: _____

Payment date: _____

Paid By: _____

Credit card (Please circle credit card type)

Visa | Mastercard | Amex | Diners

Card no: _____

Expiry date: _____

Name on card: _____

Signature and date: _____

AGREEMENT WITH PHA AIMS:

Your signature below indicates agreement with the aims and values of the Public Health Association. They are carried out in accordance with the Treaty of Waitangi.

SIGNED: _____ DATE: _____