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Tax invoice



MEMBERSHIP APPLICATION/ RENEWAL 2008 - 2009

Please fill out the information below and return it with your subscription to the above address. The membership year runs from 1 July 2008 to 30 June 2009 and subscription renewals should be paid by 19 August 2009. If any of your details change, please let us know so that we can amend them to ensure you are kept up to date.

Title: _____ **First name:** _____ **Surname:** _____

Ethnicity (please tick):

- | | | |
|--|--|---|
| <input type="checkbox"/> NZ Māori | <input type="checkbox"/> NZ European or Pakeha | <input type="checkbox"/> Other European |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other: please specify here: _____ | | |

Postal Address: (Please include postal code if known) _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Training and qualifications: _____

Occupation: _____

Special health interests (please tick):

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

PHA Branch

Please tick the branch you wish to belong to.

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Otago/Southland | <input type="checkbox"/> Wellington |
| <input type="checkbox"/> Canterbury | <input type="checkbox"/> Te Tai Tokerau | <input type="checkbox"/> Pacific |
| <input type="checkbox"/> Central Districts | <input type="checkbox"/> Waikato | |

Benefits of membership

Core membership subscription entitles you to the *PHA News* (published six times per year), information about, and participation in, branch activities, membership rates at all conferences, meetings and workshops and full voting rights in the organisation.

Core membership subscription rates (includes GST): (Please tick)

Income \$90,000+ per annum	\$175	<input type="checkbox"/>
Income \$50-\$90k p/a	\$130	<input type="checkbox"/>
Income \$30-\$50k p/a	\$85	<input type="checkbox"/>
Income less than \$30k p/a	\$40	<input type="checkbox"/>
Donation (tax deductible)	\$	

Cheque enclosed (please tick):

Credit card (please tick): MasterCard Visa Diners Amex
 Other (please specify):

Credit card no: _____

Name on card: _____

Expiry date: _____

Signature: _____

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: _____