

Tax invoice
GST No. 51.404.157

PO Box 11-243
Wellington 6142
New Zealand
Phone: 04 472-3060
Fax: 04 472-3059



MEMBERSHIP APPLICATION/ RENEWAL 2010 – 2011

Please fill out the information below and return it with your subscription to the above address. The membership year runs from **1 July 2010 to 30 June 2011**. 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.

Name: _____

Address: _____

Work phone: _____

Mobile phone: _____

Other phone: _____

Email: _____

Organisation and employment position:

Training and qualifications:

Are you willing to be contacted to provide advice on your areas of expertise/interest? Y / N

Are you willing to be contacted about participating on a committee or advisory group? Y / N

Areas of expertise/interest: (Please circle)

- | | |
|--------------------------|--------------------------|
| Alcohol | Child & Youth Health |
| Communicable diseases | Community Issues |
| Determinates of Health | Disability/Equity issues |
| Environmental (Ecology) | Epidemiology |
| Ethnic/Pacific Issues | Food Issues |
| Gambling | Health Economics |
| Health impact assessment | Health Promotion |
| Health Protection | Housing |
| Illicit Drugs | Injury |
| Māori Health | Oral health |
| Primary health care | Research/Evaluation |
| Sexual Health | Tobacco Control |
| Women's Issues | Workforce Issues |

Other _____

Branch: (please circle)

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

Ethnicity: (please circle)

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

Membership fees

- Income \$90,000+ per annum \$175
- Income \$50-\$90k p/a \$130
- Income \$30-\$50k p/a \$85
- Income less than \$30k p/a \$40
- Donation (tax deductible) \$

Payment type

Cheque enclosed (please tick):

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:** _____