



Membership, Subscriptions & Donations

Please fill in this form to renew your membership or become a new member of HDA (Auckland)

"Stay tuned for some exciting plans we have for member's benefits! We really appreciate any donations you would like to make to HDA (Auckland). We have a brilliant vision for what we can achieve if we work together as a community. The sky really is the limit! Help us to continue to provide the quality of care we believe that you deserve"

Subscription year: April 2023 – March 2024

Please fill out and return this form to **The Treasurer, Huntington's Disease Association (Auckland) Inc, PO Box 16181, Sandringham, Auckland 1351**. Any and all money received will assist the Association to provide much needed support to the HD community throughout Auckland.

Member's Details

Name _____

Address _____

_____ Postcode _____

Phone number _____

Email address _____

Payment amount

Individual subscription (\$20) \$ _____

Family subscription (\$30) \$ _____

Donation/bequest \$ _____

Total \$ _____

Payment method (please tick one)

I am pleased to enclose my payment by cheque in the name of Huntington's Disease Association (Auckland) Inc. (no cash please)

I have made payment by direct credit (Huntington's Disease Association (Auckland) Inc., ASB Bank, Westgate Branch 12-3039-0883852-00) *(please use surname above as reference to help identify your payment)*

Tick if receipt required. **Receipt**

I give / bequeath the above sum to the Huntington's Disease Association (Auckland) Inc., PO Box 16181, Sandringham, Auckland 1351. I declare that the receipt by the Association Treasurer/ Secretary of the above sum shall be sufficient to discharge to my legal obligations for such bequest.

