

IDFNZ Supporter Membership Application Form

Contact Details:

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|------------------------|--|
| Name: | |
| Title: | |
| Address: | |
| Telephone: | |
| Fax: | |
| E-mail Address: | |

Background – Please tell us about your interest and involvement with PID.

Your professional qualifications and training (you may have skills and resources that can assist us) :

If you are a clinician please give details of your current practice.

(Continue on the back if you wish to add any further information)

I (name)..... am happy to be contacted by IDFNZ with details of events and news items.

Date;.....

Signature:

Please return the completed form to: IDFNZ Registration, PO Box 75-076, Manurewa, Manukau 2243, Auckland.
Or fax to 09 523 5551