

New Zealand Transplant Games Assoc. Inc.

If you are not a member – Why not join today?

Complete this form and send to:

**NZ Transplant Games Assn
PO Box 512,
Waikanae, 5250
New Zealand**

- Annual membership fee of \$35**
(Free for Transplant recipients under 18 years of age)
- Donation of \$

Contact details:

Family Name: _____

First Name: _____

Address: _____

Phone: (H) _____

(W) _____

(Mob) _____

Email: _____

Type of Membership:

- Living Donor
- Donor Family
- Transplant recipient Date of Birth if under 18 years
- Parent/Guardian of Under 18 year old member
- Awaiting transplantation
- Dialysis patient
- Supporter
- Carer
- Friend
- Medical Professional

If you wish to pay by Direct Credit our Account No. 123054 0304118 00. Please quote your name as the reference to appear on our bank statement.