

## **Membership Form 2023**

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71 Orbell St, Sydenham, Christchurch 8023 PO Box 10090, Phillipstown, Christchurch 8045

## **Membership Benefits:**

- > Support for people with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome and similar conditions
- Monthly group meetings to connect, share information and hear visiting speakers (in-person, Zoom)
- ➤ Home visits and individual support from our Registered Nurse Service
- Advocacy with health professionals, Work and Income, and schools
- > Information and resources on practical coping skills and evidence-informed practice
- Library & Newsletter

Receipt Number:

V2023.01

Representation at consultations on health service delivery

The information on this form will be kept private and confidential.	
Name:	
Date of Birth:	
Home Address:	
Dantal Adduses	Post Code:
Postal Address:	
	Post Code:
Home Phone: Mobile	Phone:
Email Address:	
How did you hear about us? Please circle: Medical Professional Facebook Family/friends Website  Newspaper article Meetup.com Other	
How do you want to receive the Newsletter? Please circle: Email Post Both No Thanks	
Do you need support in any of the following areas? (optional to complete)	
Please circle: Seeking diagnosis Symptom managemen  Advocacy - with GP - with school - with	,
Medical Practice:	
General Practitioner Name:	
Annual Member Subscription and Donations:	
No Membership Fee is currently charged.	
<ul> <li>Donations are appreciated.</li> <li>Donations over \$5 are receipted separately for tax refund purposes</li> </ul>	
Please tick the Payment method used:	
<ul> <li>Online banking or Deposit to Westpac account 03 0802 0060232-00.</li> <li>Use Surname and 'DONATION' in the reference area.</li> </ul>	
☐ Cheque made out to 'M.E./CFS Group (Canterbury) Inc'	
	m to us. Or drop off in person at a meeting.
For office use only:	Velcome letter sent

☐ Details updated in database

☐ Treasurer advised