**Application to become a member of End-of-Life Choice**

The mission of End-of-Life Choice is to support the law that allows adult residents of New Zealand who have a terminal or irreversible condition that renders life unbearable, to access medical assistance in achieving a peaceful death.

**I / we have read and agree to support the mission of End-of-Life Choice Society of New Zealand and wish to apply for membership. I / we declare that I am / we are over the age of 18.**

**Please print clearly**

Name: ………………………………………………………………………………………....

Email: ……………………………………………………………… Year of birth…………..

Additional Name (if couple application): …………………………………………………..

Address: ………………………………………………………………………………………

………………………………………………………………………………………………….

Home phone: …………………………………………………….......................................

Mobile: ………………………………………………………………………………………..

Occupation, past or present: …………………………………………………………….

………………………………………………………………………………………………….

Signature(s): ………………………………………………………………………………….

 …………………………………………………………………………………..

Payment made:

Amount: …………………………………… Date: …………………………………………. By credit card / internet banking / at your bank (circle one)

**Payment**

**Subscription categories**:

Single $20

Couple $35

**Donations gratefully received 😊**

**Options for payment:**

1. **By credit card on the website: eolc.org.nz**

Click PAY ONLINE and enter your credit card details

1. **Via internet banking**

Account no: 38-9006-0226036-02

Name: End of Life Choice Society

Please enter your full name in the reference section

1. **At your bank**

Account no: 38-9006-0226036-02

Name: End of Life Choice Society

**Any problems please contact the Membership Secretary:
Suzanne Carruth     021 026 70416** **eolcmembership@outlook.com**

**Thank you, and welcome to the End-of-Life Choice Society!**