



End-of-Life Choice

Society of New Zealand Inc

PO Box 321 Gisborne 4040

office@eolc.org.nz

09 215 4946

This approved form is the only accepted method of applying for membership.

Please fill in both sides of this form.

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

The mission of End-Of-Life Choice is to support law change to allow 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 Inc. and wish to apply for membership. I / we declare that I am / we are over the age of 18.

Signed:DATE:

Signed (if joint membership application)DATE.....

Name. Please **print** full name and title

.....

Occupation (if retired, please add previous occupation)

.....

Name. (if joint application) Please **print** full name and title

.....

Occupation (if retired, please add previous occupation)

.....

Address (**please print**)

.....

.....

..... Post code.....

Phone + area Code.....email address

Please help us with our information about membership by indicating your age group.

Year of Birth: _____

Are you willing to receive the EOLC NZ Newsletter by email? **YES / NO**

Would you be prepared to be contacted by members of the Society for notification of meetings / events etc? **YES / NO**

It would also assist us if you would state how you first became aware of the society and decided to join. Friend, Listener advert, Other Web site, Newspaper, Other media outlet,

Subscription Categories:

- **Single** **\$20**
- **Couple (same address)** **\$35**
- **Life Subscription,** **\$200**
- **Couple Life Subscription** **\$350**

Mail Option: Post this form with the appropriate cheque to:

**EOLC
PO Box 321
Gisborne 4040**

If a CHEQUE is being ENCLOSED, please make payable to the End-Of-Life Choice Society of NZ Inc.

Automatic bank transfer:

You may also pay your membership subscription fee through an automatic bank transfer.

If that is your choice, please transfer funds to this **Kiwi Bank** account.

Account Number: 38-9006-0226036-02 Account

Name: End of life Choice Society.

If you choose this payment option, you must **include your full name** in the transfer in order for us to credit your membership.

Subscription(s) \$ _____ Donation \$ _____ **TOTAL \$ _____**

You could scan and email this document to us:

Email address: Office@eolc.org.nz

Thank you for your support, and welcome to End-Of-Life Choice Society of NZ, Inc!