



Membership Form

Little People of New Zealand
PO Box 58145
Whitby
Porirua 5245

Please select membership type

Individual Membership		
1 Year (\$20.00)	5 Years (\$90.00)	10 Years (\$180.00)

Family Membership		
1 Year (\$25.00)	5 Years (\$110.00)	10 Years (\$220.00)

Couples Membership		
1 Year (\$25.00)	5 Years (\$110.00)	10 Years (\$220.00)

International Membership		
1 Year (\$20.00)	5 Years (\$100.00)	10 Years (\$200.00)

Associate Membership		
1 Year (\$20.00)	5 Years (\$100.00)	10 Years (\$200.00)

LPNZ Inc bank account:

ASB Bank
12 3011 0830775 00

You may pay direct into LPNZ's bank account.
Use your full name as a reference.

Please send completed form via email to
secretary@lpnz.org.nz or via post to
PO Box 58145, Whitby, Porirua 5245.

Payment method

Subtotal

Optional donation
(thank you)

Total

Membership Types

Individual Membership

A membership for a single Little Person over the age of 18.

Family Membership

For families (Little People or Average Height) with children who are Little People under the age of 18.

Couples Membership

For two Little People who are in a relationship and cohabitate in a single property.

Associate Membership

For any interested person who does not identify as being a Little Person. (eg. Parents or Grandparents of LPs over 18)

International Membership

For individuals, families and organisations that do not live in New Zealand.

Contact Details

Primary Contact			
First Name		Surname	
Date of Birth		Gender	
Physical Address			
Street Address			
Suburb		City	
Postcode			
Postal Address (if different to physical address)			
Home Ph		Mobile	
Email			
Occupation			
LP	Yes	No	If yes, type of dwarfism If no, relationship to LP
Happy to be involved with / contacted for:			
	Fundraising	Buddy System	Medical Board

Other individuals within membership

Please complete for each individual within membership

First Name		Surname	
Date of Birth		Gender	
Mobile		Email	
LP	Yes	No	If yes, type of dwarfism If no, relationship to LP
Occupation	Receive emails from LPNZ		Yes No

First Name		Surname	
Date of Birth		Gender	
Mobile		Email	
LP	Yes	No	If yes, type of dwarfism If no, relationship to LP
Occupation	Receive emails from LPNZ		Yes No

Other individuals within membership

Please complete for each individual within membership

Other individuals within membership	
First Name	Surname
Date of Birth	Gender
Mobile	Email
LP Yes No	If yes, type of dwarfism If no, relationship to LP
Occupation	Receive emails from LPNZ Yes No

Other individuals within membership	
First Name	Surname
Date of Birth	Gender
Mobile	Email
LP Yes No	If yes, type of dwarfism If no, relationship to LP
Occupation	Receive emails from LPNZ Yes No

Other individuals within membership	
First Name	Surname
Date of Birth	Gender
Mobile	Email
LP Yes No	If yes, type of dwarfism If no, relationship to LP
Occupation	Receive emails from LPNZ Yes No

Other Comments