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|  | **Membership Form**Little People of New ZealandPO Box 58145Whitby, Porirua 5245 |

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| Step 1: Membership subscription |

Please circle or highlight the amount you are paying for your membership type

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| Membership Types | 1 Year | 2 Year | 5 Year |
| IndividualFor a single Little Person regardless of age. | **$20** | **$40** | **$90** |
| FamilyFor families (Little People or Average Height) with children under the age of 18. Once a child turns 18 they must become an individual member to have the ability to vote or hold office. | **$25** | **$50** | **$115** |
| CouplesFor two cohabiting individuals (Little People or mixed height) that do not have any children.  | **$25** | **$50** | **$115** |
| AssociateFor people who wish to be members that do not identify as being a Little Person. (e.g. Parents or Grandparents of LPs) | **$20** | **$40** | **$90** |
| InternationalFor individuals, families and organisations that do not live in New Zealand. | **$20** | **$40** | **$90** |

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| Step 2: Payment |

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| Option A:You can pay by credit card via our website: [www.lpnz.org.nz/member-subscription-plan](http://www.lpnz.org.nz/member-subscription-plan)You can also send us a tax deductible donation via: [www.lpnz.org.nz/donate](http://www.lpnz.org.nz/donate)  |
| Option B:You can pay directly into LPNZ’s bank account. Your bank can assist you if you need help with this. **LPNZ Inc. bank account:**ASB Bank12 3011 0830775 00Please use your full name as a reference. **Please note:** We no longer accept cheques or cash payments.  | Membership fee: (as per above) Optional donation: (Tax deductible)Total:  | $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ |

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| Step 3: Contact details |

If you are a new member, or a renewing member whose contact details have changed, please fill out the second page so we can update our records.

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| Step 4: Send us the form |

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

If you have paid online and your contact details have not changed, then you do not need to send us this form.

# Contact Details

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| **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? Please include your type if known:** |
| **Not LP? Please advise relationship to LP:** |

## Other individuals within membership

*Please complete for each individual within membership*

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|  |
| **First Name** | **Surname** |
| **Date of Birth** | **Gender** |
| **Phone**  | **Email**  |
| **Occupation** |
| **LP? Please include type if known:** |
| **Not LP? Please advise relationship to LP:** |

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|  |
| **First Name** | **Surname** |
| **Date of Birth** | **Gender** |
| **Phone**  | **Email**  |
| **Occupation** |
| **LP? Please include type if known:** |
| **Not LP? Please advise relationship to LP:** |

## Other individuals within membership

*Please complete for each individual within membership*

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|  |
| **First Name** | **Surname** |
| **Date of Birth** | **Gender** |
| **Phone**  | **Email**  |
| **Occupation** |
| **LP? Please include type if known:** |
| **Not LP? Please advise relationship to LP:** |

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|  |
| **First Name** | **Surname** |
| **Date of Birth** | **Gender** |
| **Phone**  | **Email**  |
| **Occupation** |
| **LP? Please include type if known:** |
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|  |
| **First Name** | **Surname** |
| **Date of Birth** | **Gender** |
| **Phone**  | **Email**  |
| **Occupation** |
| **LP? Please include type if known:** |
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