

Membership Application

Your membership will help Prostate Cancer Foundation to:

- Provide support for men with Prostate & Testicular Cancer and those who care for them
- Increase public awareness of Prostate & Testicular Cancer
- Educate people about Prostate & Testicular Cancer
- Fund research into all aspects of Prostate & Testicular Cancer

Single Active Membership	Double Active Membership
<p>An individual pays a single subscription per year.</p> <ul style="list-style-type: none"> • Can nominate Board Members • Attend AGMs and Vote • Receive quarterly newsletter • Participate in Prostate Cancer Foundation activities, and support the objectives of the Foundation 	<p>Each family / couple pays a single subscription per year.</p> <ul style="list-style-type: none"> • Both can nominate Board Members • Both can attend AGMs and Vote • Receive quarterly newsletter • Both can participate in Prostate Cancer Foundation activities, and support the objectives of the Foundation

I wish to become a member of Prostate Cancer Foundation:

Name _____ Occupation _____

Name _____ Occupation _____

Home address _____

Postal address (if different) _____

Phone _____ Mobile _____ Email _____

Type of Membership: Single \$20 Double \$30

Payments can be made by:

1. Posting the form with a cheque to The Secretary, Prostate Cancer Foundation, PO Box 301313 Albany, Auckland 0752

2. Scanning this form and emailing to info@prostate.org.nz at the same time direct crediting into account:

ASB 12 3031 0184117 00 and noting your name as the payment reference

3. Registering online at www.prostate.org.nz

4. Charge my credit card

Expiry date _____

Name on card _____

All registered members are expected to abide by the Rules and the Spirit of Prostate Cancer Foundation (available on www.prostate.org.nz)
I understand that, unless I request otherwise, my address and email might be used internally by Prostate Cancer Foundation in the course of normal interactions.

Signature: _____

Date: _____

One life, One chance!