



The "BUDDY" Organisation

Membership Form

Name: _____
 First **Middle** **Last**

Address: _____

Home Phone: _____

Mobile Phone: _____

E-mail: _____

Web Site: _____

Date of Birth: _____

If you would be interested in becoming an available Buddy to new in-patients in the Auckland rehabilitation Unit please tick box

Subscription Fee: \$ _____

Donations: \$ _____

Total: \$ _____

Return Address:

Tick box if receipt required

PO BOX 236 35, Hunters corner,

Annual membership fee: \$10

Papatoetoe, Auckland