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## Brain Injury Waikato Membership - New/Renewal

Being a member means that you will get the following:

- Our quarterly newsletter emailed to you
- Priority registration for educational workshops and seminars.
- Voting rights at the Annual General Meeting (AGM).
- **Sense of Belonging** – Be part of a supportive community.

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### Personal Information:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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### Membership Type (please select relevant membership):

- Brain Injury(BI) survivor       Family/support of BI       Allied Health provider       Board member

Brain Injury Waikato Membership is on a Koha basis. Would you like to make a donation? Yes/No

If you wish to make a donation please select an option or specify amount:

- \$5.00       \$10.00       \$50.00       Other \$ \_\_\_\_\_

To make a donation you can pay via internet banking to: Brain Injury Waikato inc. with your name as the reference. Account number 03 1355 0691730 00 or go to our website to the donate page.

Do you require a GST receipt? Yes/No

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### Privacy Statement:

Brain Injury Waikato respects your privacy. Your membership information will be securely stored in our information management system and used solely for membership administration, including sending newsletters and updates. We do not share your details with third parties without your consent.

If you request additional support or wish to join specific communication mailing lists, we will add you with your consent.

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### Consent to becoming a member:

I agree to becoming a member of Brain Injury Waikato Incorporated. I agree to being added to the quarterly newsletter emails and being added the Brain Injury Waikato membership database.

Signed:

Dated: