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Brain Injury Waikato Membership - New/Renewal

Brain Injury Waikato provides support, advice and navigation to people and families affected by brain injury to support making informed choices in the ways to create long-term and sustainable differences to lives impacted by brain injury. We also raise awareness and promote understanding and prevention of brain injury in the community.

Personal Information:

Full name: _____
Address: _____
Email: _____
Phone: _____

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 \$ _____

Do you require a GST receipt? Yes/No

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.

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: