

## MEMBERSHIP APPLICATION

Registered Charity No: CC 25022 Incorporated Society No: 485143

IRD No. 62-049-111 Exempt from Income Tax in terms of Section CB 4(1)c (Income Tax Act 1994)



PO Box 20 New Plymouth 4340

Email: [secretary@polio.org.nz](mailto:secretary@polio.org.nz)

Having read the criteria overleaf, I wish to apply for membership of Polio NZ Inc. In applying for membership, confirm that I understand and meet the criteria for membership of Polio NZ Inc. I am aware that information provided in this Application will be retained in a Register of Members in accordance with the Constitution, that I can resign on written notice to the Secretary or that in the event of non-payment of annual subscriptions, membership is cancelled. I give my consent to non-identifying information within this application being used to further the purposes of the Society. I am aware that I can make written request to the Secretary to view information held by Polio NZ Inc. about me for the purposes of correction if necessary.

HOW DID YOU FIND OUT ABOUT POLIO NZ INC? \_\_\_\_\_

Title: *(Please Circle)*    Mr    Mrs    Miss    Ms    Dr

First or preferred Name \_\_\_\_\_ Family or Surname \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

POSTAL ADDRESS: Street \_\_\_\_\_

Suburb: \_\_\_\_\_ City/Town \_\_\_\_\_ Post Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR THOSE WHO HAD POLIO *(This information is helpful in our planning and negotiations for support services)*

I contracted polio in 19\_\_\_\_\_ (year) at the age of \_\_\_\_\_ Whilst living in \_\_\_\_\_

Areas of body permanently affected: \_\_\_\_\_

Orthotics still used (leg braces, altered shoes etc) \_\_\_\_\_

Mobility aids (wheelchair, walker etc) \_\_\_\_\_

I identify as European NZ / Maori / Pacific Islander / other \_\_\_\_\_

Please pass my contact details to the local support group coordinator YES / NO

### IF YOU DID NOT HAVE POLIO: *(please refer over page for those who can be members without polio)*

I am a primary carer / partner / spouse of: (Name of person who had polio)

OR  
I am a health professional. Field of practice: \_\_\_\_\_

OR  
I am a member of the General Public or friend of a Polio Survivor that can offer help Polio NZ. Description of type of help offered on reverse of this page (or attached).

### ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE BOARD

I would prefer to receive the Polio News by (please tick)  email or post

*See over page for criteria and payment details*

|  |                         |                  |
|--|-------------------------|------------------|
| <b>JOINING FEE (payable on Membership Application)</b>   | <b>(incl. GST) \$</b>   | <b>35.00</b>     |
| Donation <i>Donations over \$5 are tax deductible.</i>   |                         |                  |
| <b>OPTION: Lifetime Subscription (instead of the annual sub of \$17.25 payable 1 July each year)</b> |                         | <b>\$ 355.00</b> |
| If paid by Internet Banking, date payment made    /    /    to Polio NZ Inc.                         | <b>Total Payment \$</b> | <b>_____</b>     |

The renewal subscription due 1 July each year is \$17.25 (incl. GST) one person, or \$25.00 per couple

**Account Number: 38-9022-0468027-01** *Please include as the reference SURNAME & INITIALS*

Cheques are no longer able to be accepted.

I wish to make a regular (*frequency*) \_\_\_\_\_ donation of \$\_\_\_\_\_ by automatic payment to Polio NZ Inc.

If you have any questions, concerns, interests, suggestions, or if you have any skills or resources you wish to make available to Polio NZ Inc. please write below or on a separate sheet.

**Criteria for Membership of Polio NZ Inc. Excerpts from the Constitution of Polio NZ Inc.**

**Types of Members**

- 11.1. Membership shall comprise different classes of membership as follows:
  - a) Ordinary Members: An ordinary member shall be a person who has applied to and been accepted by the Board of Management for membership and who has paid any prescribed subscription;
  - b) Life Members: Any person who has rendered outstanding services to the Society or has made a great financial contribution to the Society may be elected a life member of the Society on the recommendation of the Board of Management and on the vote of a two-thirds majority of those present and entitled to vote at any Annual General or Special General Meeting of the Society. Any person so elected shall be entitled without subscription to all the privileges of membership;
- 11.2. Members have the rights and responsibilities set out in this Constitution.
- 11.3. Only Current Financial Members of the Society may participate in local support groups.

**Admission of Members**

- 12.1 To become a Member, a person ("the Applicant") must:
  - a. Complete an official membership application form; and
  - b. Supply any other information the Board of Management requires.
  - c. Pay the subscription levied for the financial year in which the Applicant applies.

**Obligations of Members**

- 15.1 All Members shall promote the purposes of the Society and shall do nothing to bring the Society into disrepute.

**Policy**

- 1) Any Polio Survivor (who has not previously been a member) and their primary care-giver shall be automatically granted membership on receipt of their application and subscription.
- 2) Any Medical Professional shall be granted membership on receipt of their application and subscription on provision of evidence of their commitment to supporting the work of Polio NZ.
- 3) Any other person shall be granted membership after the Board of Management has considered and approved their application and their subscription has been received. Any applicant who has not had polio or is not the primary carer for someone who has had polio must provide evidence of the positive contribution they can and intend to make to the work of Polio NZ. Each person who has had polio can only have one person be a member of Polio NZ as their carer.

**If you are not the primary carer/partner/spouse of a person who has had polio and you are not a health professional serving people who have had polio, please explain the positive contribution you can and intend to make to the work of Polio NZ Inc.**

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Please return this form by email to [secretary@polio.org.nz](mailto:secretary@polio.org.nz) or post to PO Box 20 New Plymouth 4340