

# Payment details:

FAMILY / WHANAU MEMBERSHIP – WAGED \$35.00

FAMILY / WHANAU MEMBERSHIP – UNWAGED \$27.50

*GST included*

**DONATION** - *we appreciate your support*

ENCLOSED IS MY DONATION OF:

\$20

\$30

\$50

\$100

\$ \_\_\_\_\_

PLEASE FIND ENCLOSED MY **CHEQUE** MADE OUT TO  
**DIABETES NZ AUCKLAND BRANCH**

**INTERNET BANKING: 12-3048-0283381-52**

*Please use your name or membership number as a reference.*

PLEASE DEBIT MY **CREDIT CARD**

MASTERCARD

VISA

AMEX

CARD NUMBER:

EXPIRY:

NAME ON CARD:

SIGNATURE:

*In accordance with the Privacy Act 1993 the information you provide will be used only for the purpose of membership registration, the provision of services and the communication of information from Diabetes NZ Auckland Branch and Diabetes New Zealand.*

## ADMINISTRATION USE ONLY

Served by: .....

*Members pack given*

Date: .....

*Received cash payment*



**diabetes nz**  
auckland branch



**Diabetes Youth Auckland**



**diabetes nz**  
auckland branch

**Join us.**



Let us help and support you  
in the journey to living life well

Living with diabetes - whether it's type 1, type 2, gestational or pre-diabetes - can be challenging, and at times, feel isolating.

Being part of Diabetes NZ Auckland Branch (DNZAB) brings together our diabetes communities. Membership ensures that those with diabetes and those who care for people with diabetes are supported in their journey to living life well.

For a small annual cost, membership of the Diabetes NZ Auckland Branch includes the following benefits:

- *Discounts at the diabetes supplies shop and online store*
- *Four free Living Life Well magazines from us and four magazines from Diabetes NZ per year*
- *Information, resources and free members education events*
- *Telephone support and access to a network of support groups across Auckland*
- *DNZAB can also act as an advocate to ensure you get the help required to live life well*

### **TO JOIN :**

Complete the form including details and either:

Drop in to: **Diabetes NZ Auckland Branch  
Level 2, 92-94 Beachcroft Avenue  
Onehunga, Auckland 1061**

Send to: **PO Box 13578, Onehunga  
Auckland 1643**

If you'd like to pay for your membership over the phone, please call:

**0508 DIABETES (0508 34 22 38)**

or visit: **[www.diabetesauckland.org.nz](http://www.diabetesauckland.org.nz)**

## Your details:

NAME:

ADDRESS:

SUBURB:

CITY:

POST CODE:

I HAVE /  
MY CHILD HAS:

TYPE 1

TYPE 2

GESTATIONAL

PRE-DIABETES

TREATED WITH:

DIET AND EXERCISE

TABLETS

INSULIN

DATE DIAGNOSED:

I WISH TO SUPPORT DIABETES NZ AUCKLAND BRANCH

I SUPPORT A FAMILY MEMBER/FRIEND WITH DIABETES

I HAVE A CHILD WITH DIABETES - CHILD'S NAME: .....

DATE OF BIRTH:

 /  / 

OR CHILD'S DOB:

 /  / 

ETHNICITY:

OCCUPATION:

PHONE - HOME:

WORK:

MOBILE:

FAX:

EMAIL:

HOW DID YOU HEAR ABOUT US?

FRIENDS/FAMILY

SUPPORT GROUP

GP/ NURSE

HOSPITAL

WEBSITE

OTHER