



APPLICATION FOR MEMBERSHIP

I hereby apply for membership to the Friends of Chelsea Association and enclose my cheque for \$ _____ to cover the Subscription for the year ended 31 March 20____

Mr / Mrs / Miss / Ms _____

Address _____

Phone Number _____

Types of membership and subscriptions

- | | |
|---|---|
| <input type="checkbox"/> Annual member | <input type="checkbox"/> Subscription \$10 |
| <input type="checkbox"/> Husband & wife annual member | <input type="checkbox"/> Subscription \$18 |
| <input type="checkbox"/> Life membership | <input type="checkbox"/> Subscription \$100 |

Send to:

Friends of Chelsea Hospital Association
c/- Chelsea Private Hospital
189 Cobden St
Gisborne