

**MEMBERSHIP**

**2018 – 2019**

NAME ­­­­:

ADDRESS :

EMAIL :

MOBILE :  WANT GET WDS TEXTS?

ARE YOU (tick):  DEAF/ HARD OF HEARING  HEARING  YOUTH (UNDER 18)

*Above info - for membership, statistical and funding purposes. Following Privacy Act 1993.*

Membership is free, except for posted newsletters (4 times a year).

Membership is until 30th May 2019.

P ps for 2015-2016 are **FREE** with the

exception of posted newsletters.

**PLEASE TICK:**  E-newsletter (email) **FREE**  Newsletter (post) **$10**

*Member of WDS = you agree to WDS Constitution on membership (rule 7)*

Email/photo membership form to [hello@wds.org.nz](mailto:hello@wds.org.nz) or give to WDS board or post: Wellington Deaf Society, PO Box 13817, Johnsonville, Wellington 6440

**PAYMENT METHODS (for newsletters):**

***CASH:*** Pay to WDS board

***BANK DEPOSIT/TRANSFER:*** (BNZ) 02-0560-0041556-00.

**Reference**: Name2018 (eg: JohnSmith2018) and email treasurer@wds.org.nz when you’ve paid.