

# Membership Enrolment Form

For those diagnosed with coeliac disease or dermatitis herpetiformis or on a doctor recommended gluten free diet.



If you have not been diagnosed with any of the above please enrol using our Subscriber membership at [www.coeliac.org.nz/join-subscriber](http://www.coeliac.org.nz/join-subscriber)

PO Box 302717  
North Harbour  
Auckland 0751

Phone 09 820 5157 (Helpline)  
Fax 09 414 7468

Email [info@coeliac.org.nz](mailto:info@coeliac.org.nz)  
Website [www.coeliac.org.nz](http://www.coeliac.org.nz)

<b>1. Personal Details of coeliac</b>			
Full name			
Address			
Suburb			
Town/City		Post Code	
Current Occupation			
Home Phone number		Mobile	
Email			
(this will be used as part of your members login on our website and to communicate with you)			
<input type="checkbox"/> Please tick if you don't wish to receive email communications from us			
<b>2.</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> (Coeliac's gender)	<b>3.</b>	Date of Birth (of coeliac)
<b>4. Parent or Caregiver's name if above is under 16</b>			
Full name (s)			
<b>5. Medical History</b>			
Date of Biopsy: / / or how you were diagnosed:			
<input type="checkbox"/> Coeliac disease		<input type="checkbox"/> Dermatitis Herpetiformis	
<input type="checkbox"/> Gluten intolerance/sensitivity (A supporting letter from doctor to be supplied)			
Name of Specialist/Doctor			
<input type="checkbox"/> Type 1 diabetes		<input type="checkbox"/> Anaemia	
<input type="checkbox"/> Type 2 diabetes		<input type="checkbox"/> Lactose intolerance	
<input type="checkbox"/> Osteoporosis		<input type="checkbox"/> Thyroid condition	
		<input type="checkbox"/> Other food intolerance/allergy	
		<input type="checkbox"/> IBS	
<b>6. Fees for 2013 / 2014 (Membership year starts on joining date and is renewable on anniversary of joining)</b>			
	Diagnosed Coeliac (normal Fee)	GFFAS Show Special	
Joining Fee	\$30.00	\$20.00	
Membership Fee	\$47.00	\$47.00	
Total Fee (including GST)	\$77.00	\$67.00	
Donation	\$25 / \$50 / \$100	\$25 / \$50 / \$100	
Total including donation	\$	\$	
<b>7. Payment (Please tick) Please make cheques payable to Coeliac New Zealand Incorporated.</b>			
<input type="checkbox"/> Credit card at <a href="http://www.coeliac.org.nz/store">www.coeliac.org.nz/store</a>		<input type="checkbox"/> Internet Banking (please use your full name reference)	
<input type="checkbox"/> Cheque (Name on cheque):			
Our Bank Account 03 1726 0020179 00		Date paid ____/____/____	

This information is retained in a confidential manner by Coeliac New Zealand Incorporated on their membership database

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For Office Use Only</b>		<b>Membership #</b>	<b>Date Processed</b> _____		
<input type="checkbox"/> Focus	<input type="checkbox"/> B.C.	<input type="checkbox"/> CC//BT/CQ #	<input type="checkbox"/> Email	<input type="checkbox"/> Letter / <input type="checkbox"/> Pack	<input type="checkbox"/> SGL Letter