



NEW ZEALAND
PAINFUL BLADDER SUPPORT GROUP
— EMPATHISE • EDUCATE • EMPOWER —

MEMBERSHIP FORM

NEW ZEALAND PAINFUL BLADDER SUPPORT GROUP

First name _____ Surname _____

Mailing address _____

Telephone number () _____ Post code _____

Email address _____

Payment \$30 per person.

Please tick (✓) your method of payment

- Account transfer: to bank account 031594 0074713 00, Urology Support Group
Payee particulars – *your full name*
email form to: dot@nzpbsg.org

Is your membership application for:

- New membership
 Renewal
 Please tick if you would like to be on the contact list for your area; circle your preference for contact:
email / phone

How did you hear about us?

- word of mouth website conference/seminar from my GP/specialist
 I am an existing member other _____