



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 \$25 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: weedot@xtra.co.nz

Cheque: make payable to 'Urology Support Group'
Mail to: NZPBS
PO Box 41168
Christchurch 8247

Is your membership application for:

New membership

Renewal

Please tick if you would like to be included on the NZPBSG contact phone list for your area.

How did you hear about us?

word of mouth website conference/seminar from my GP/specialist

I am an existing member other _____