

# MEMBERSHIP FORM

# N A L A G

## NATIONAL ASSOCIATION

*for*

## LOSS AND GRIEF

*(NZ) INC.*

*Te Rōpu Mirmiri Aitua mo Aotearoa*

SUBSCRIPTIONS RUN FROM 1 JULY THROUGH 30 JUNE

\$35 Individual Subscription

\$55 Non Profit Organisation

\$75 Profit Organisation

**Please make cheque payable to: NALAG (NZ) INC.  
and post with this form to**

**NALAG NATIONAL SECRETARY, 310 BREEZES RD,  
ARANUI, CHRISTCHURCH 8061**

*Please register me/this group as a member of NALAG (NZ) Inc.*  
(PLEASE PRINT)

NAME/CONTACT PERSON

NAME OF GROUP, IF APPLICABLE

MAILING ADDRESS

( )  
CONTACT PHONE, DAY

( )  
CONTACT PHONE, EVENING

( )  
FAX

( )  
EMAIL

OCCUPATION, IF APPLICABLE

SPECIAL AREAS OF INTEREST