

Appendix 2A Membership Enrolment Form

New Zealand Red Cross Membership Enrolment Form

Office use only NZRC# _____ Branch/Group _____ Or Individual



I wish to join the New Zealand Red Cross

PART ONE

PERSONAL DETAILS

Full Name:	Title:
Preferred to be known as:	Gender: M /F /Other
Residential Address:	
Suburb & Town/City:	Post Code:
Postal Address [if different]:	
Email Address:	Home Telephone:
Mobile Telephone:	Work Telephone:
Date of birth*:	Ethnicity*:
Preferred contact method: [please circle] email	phone post
Are you currently employed by New Zealand Red Cross?	Yes/No

*these questions are optional, but your answers help us keep good records

I **understand** that I will be required to adhere to the Fundamental Principles of the Red Cross and Red Crescent Movement and that I will be bound by the Constitution and Code of Conduct of New Zealand Red Cross Incorporated and by the rules set out in its Members' Handbook, and internal regulations on the use of the emblem by the Members.

I affirm the Fundamental Principles of the International Red Cross and Red Crescent Movement which require me to: have concern for all **humanity**;

be **impartial** in my endeavours;
remain **neutral** in all situations;
be **independent** so I can always act in accordance with our principles; promote the spirit of **voluntary service**;
foster **unity**;
strive for **universality**.

Signature:

Date:

For those aged between 12 and 18 years please sign with parental consent

By signing the above form you are confirming that parental consent has been given.

If under 12 years, please have a parent or guardian sign this enrolment form.

Full Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

We respect your privacy and adhere to the Privacy Act 2020

New Zealand Red Cross will keep the information you have provided us with on our membership register, so you can vote in our postal elections and so we can send our updates to you (if you agree to receive these communications below). We will use all reasonable security safeguards to ensure your information is protected and will not share your information with anyone else.

I agree to receive information from time to time about New Zealand Red Cross work and information on how to support the New Zealand Red Cross through donations. I understand I can unsubscribe from these communications at any time by informing the New Zealand Red Cross of my intent to unsubscribe.