



NEW ZEALAND
RED CROSS
KŌHĀKA WŌHĪKO AOTEAROA

New Zealand Red Cross Membership Enrolment Form

I wish to join the New Zealand Red Cross

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

PART ONE

PERSONAL DETAILS	
Full Name:	Title:
Preferred to be known as:	Gender:
Residential Address:	
Suburb & Town/City	Post Code:
Postal Address <i>[if different]</i>	
Email Address:	Home Telephone:
Mobile Telephone:	Work Telephone:
Date of birth*:	Ethnicity*:
Preferred contact method: <i>[please circle]</i>	email phone post
Are you currently employed by New Zealand Red Cross	

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

I understand that I will be required to adhere to the 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.

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 application form.	
Full Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

<p>We respect your privacy and adhere to the Privacy Act 1993</p> <p>New Zealand Red Cross will keep your name and contact details on our membership register so you can vote in our postal elections. We will protect your information and not share it with anyone else.</p> <p>From time to time, we would also like to send you information about Red Cross work and sometimes also invite you to support Red Cross by making a donation. If you do not want to receive this type of mail, please tick this box <input type="checkbox"/></p>

Email the completed form to membershipapplication@redcross.org.nz or post to your local Red Cross office.