



CAHNZ Trust  
PO Box 66, Waihi, Hauraki 3641, New Zealand  
Email: [info.CAHNZ@gmail.com](mailto:info.CAHNZ@gmail.com)  
Tel: (0800 CAH NZT) 0800 224 698  
Website: [www.cah.org.nz](http://www.cah.org.nz)

## CAHNZ MEMBERS' REGISTRATION FORM

(Please print clearly)

I am applying to join this group in the following capacity (choose from one of the following three options):

- ☐ Family with CAH-affected child (0 - 18 years) ☐ Adult with CAH (18+ years)  
☐ 'Befriender' (relative of CAH-affected person)

Name: .....

Parents' names (if applicant is a child): .....

Birth date (self or affected child): ..... Email: .....

Gender: ☐ Male ☐ Female ☐ Other (specify) .....

Address: ..... Postcode: .....

Best contact telephone numbers: Daytime: ( ) ..... Evening: ( ) .....

**Please note:** Your name and details will be treated as private and confidential by the CAHNZ Trust. The following information is optional and will never be disclosed to other group members or persons outside the support group. (Befrienders need not fill in these details.)

- What type of CAH do you or your child have? (tick one box):  
☐ 21 OHP Classic/Salt-Wasting ☐ 21 OHP Late Onset (LOCAH)  
☐ Other (specify): .....
- At what age was the diagnosis of congenital adrenal hyperplasia made? .....
- From whom do you/your child currently receive specialist care? .....
- Do you belong to any other support groups? Specify: .....

- How did you find out about this group? .....
- What would you like this support group to do for you? .....
- .....

## REGISTRATION FORM

*CAHNZ Trust (Congenital Adrenal Hyperplasia New Zealand Trust)*

- ☐ I/we wish to register in this group.
- ☐ I/we enclose the annual registration fee of NZ\$35 (or Aust\$30) for myself/my family.

### AND EITHER

- ☐ I/we **give consent** for my/our name and contact details to be added to the Confidential Members' List and circulated amongst other registered support group members.
- ☐ I/we **agree to keep private and confidential** other members' names and personal details from those outside the membership, including other organisations or the media.

### OR

- ☐ I/we **do NOT give consent** for my/our name and contact details to be added to the Confidential Members' List or circulated amongst other registered support group members. This will entitle me/us to access all regular support group services and resources except access to the Confidential Members' List.
- ☐ I/we **agree to keep private and confidential** other members' names and personal details from those outside the membership, including other organisations or the media.

I would like to receive newsletters ☐ via online link ☐ hard copy ☐ both online & hard copy

Signed:

Date:

### Payment options:

- Cheque (payable to CAHNZ Trust) or cash. Please post to CAHNZ Trust, P.O. Box 66, Waihi, Hauraki 3641, New Zealand, or
- Online payment may be made to the CAHNZ Trust Westpac bank account. Contact CAHNZ Membership Secretary: [linnie63@clear.net.nz](mailto:linnie63@clear.net.nz) for Westpac bank account details. (Note: essential for payments to be accompanied by payee details, i.e. individual's or family's name).
- For all other enquires contact CAHNZ Trustees at NZ Freephone **0800 224 698**