



CAHNZ Trust Secretary
PO Box 66, Waihi, Hauraki 3641, New Zealand
Email: CAHNZ@snap.net.nz
Tel: (0800 CAH NZT) 0800 224 698
Website: 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?
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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\$25 (or A\$20) 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.

Signed:

Date:

Payment options:

- (i) Cheque (payable to CAHNZ Trust) or cash. (Note: Aust\$20 = NZ\$25). Post to CAHNZ Trust Secretary, PO Box 66, Waihi, Hauraki 3641, New Zealand.
- (ii) Online payment may be made to the CAHNZ Trust Westpac bank account. Contact Secretary for bank account details.

For all other enquires contact the Trust at NZ (0800 CAH NZT) 0800 224 698 or CAHNZ@snap.net.nz