



*Championing Perinatal Wellbeing in our Communities*

**PADA – Perinatal Anxiety & Depression Aotearoa  
MEMBERSHIP APPLICATION FORM 2019-2020**

*This membership form is for Individual membership and Organization membership.  
Please leave blank any fields that do not apply to you.*

Name ..... Mr/Mrs/Ms/Dr/Other

Mailing Address.....

Phone(Day):.....(Eve).....Mobile.....

Your e-mail address:.....

Organisation Name: .....Email.....

Organisation Web Site:.....

What is your interest and experience in Perinatal mental health issues? .....

**Type of Membership:**

- Organisation/Agency \$80 Name of Organisation.....
- Individual \$40
- I would like to include a donation of \$ \_\_\_\_\_
- I would like to be a PADA Wellbeing Champion (contact us for details about regular giving)

**Payment:**

*We can invoice you. Please give address here if different from above*

**Alternatively you may Direct Credit - Westpac 03-0814-0484075-00 Ref PADA Membership**

**Declaration:**

I (full name) declare that to the best of my knowledge the answers to the questions in this application are correct and I understand if any false information is given or any material fact suppressed I may not be accepted as a Member.

Date:

Signature:

*We really appreciate your support of PADA – Perinatal Anxiety & Depression Aotearoa*

*Please return this form to: PADA PO Box 13010 Johnsonville, Wellington 6440 or email [office@pada.nz](mailto:office@pada.nz)*

*We will get back to you as soon as possible.*

*Under the Privacy Act 1993, you have the right of access to personal information about you held by our Organization and you are also entitled to request information about you to be corrected.*