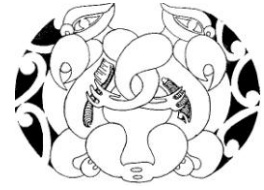


# Te Ao Marama

THE NEW ZEALAND MĀORI DENTAL ASSOCIATION



## **ANNUAL MEMBERSHIP SUBSCRIPTION for 2011-12**

Name: \_\_\_\_\_

Contact address: \_\_\_\_\_

\_\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

Iwi: \_\_\_\_\_

Current employment: (please tick)

DHB       Private       Māori Provider       Education Provider       Student

Other (please specify) \_\_\_\_\_

## **MEMBERSHIP FEES FOR 1 APRIL 2011 – 31 MARCH 2012** (please specify your professional group)

Clinician      \$120.00      \_\_\_\_\_

Non clinician      \$60.00      \_\_\_\_\_

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- Visit [www.teaomarama.org.nz](http://www.teaomarama.org.nz) and follow the link to the online subscription form.
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Please note this acts as an invoice and a receipt will be issued within 5 working days