



# Membership Form

Print clearly and return to: 11 Barwells Rd Loburn 7472

SouthIslandHE@gmail.com — 021 110 9657

Family Name : .....

Parents : .....

Postal Address : .....

Phone Number : .....

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Email : .....

Post Code .....

*Ensure your email address is correct -  
we send 50+ emails annually.*

**Membership benefits include :**  
(please indicate the items you like to receive)

- "The South Islander" Term Newsletter
- "Christian Supplement" Term Newsletter
- Regular emails updates and news
- Members contact list \*refer note.  
Automatic access to the SIHE library

*\* The members contact list contains the personal, children's and curriculum details provided on this form and it is produced to encourage activities and contact between members. The information is confidential to members only and must not be passed on to non-members, provided for business use or abused in any way. It is supplied to members who choose to be on the list.*

*I DO NOT want to be included in the membership contact list (I understand I also will not receive the list)*

**Children's Names / Ages** (completing this section will add you to the SIHE membership contact list)

Name.....DOB .....

Name.....DOB .....

Name.....DOB .....

Name.....DOB .....

Name.....DOB .....

Name.....DOB .....

**Occupation (or area of expertise) \***

*\* Do you have experience or expertise in an area where you could give advice to people entering that field?*

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**Willing to Help?** All help is greatly appreciated.

- Planning / ideas committee
- Writing newsletter articles
- Taking calls / bookings / phone tree
- Arrange outings
- I can help, let me know how!

**Tell us your preferred curriculum (optional)**

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**Annual Membership Fee \$20.00**

**Payment preferred by DIRECT CREDIT, however cheque or cash payments are accepted**

SIHE Westpac 03-0674-0157258-00 please use your SURNAME as the reference

I have paid by direct credit—REF/date .....

I have enclosed payment by cheque

Signed