



Membership Application Form

Te Korowai Hauora o Hauraki

Name:.....

Address:.....

.....

Email address:

Phone Mobile: Phone Landline:

Male Female

Date of Birth:.....

Tribal Affiliations:

.....

.....

Would you be willing to participate in random surveys of the health services provided by Te Korowai Hauora o Hauraki? (Please circle) Yes / No

Signature:..... Date:.....

Please return to-
Te Korowai Hauora o Hauraki
PO Box 605
Thames 3540

Mō tātou o Hauraki
Health and Wellbeing services for everyone in our Community