**Kia Ora! Healthy Living for People with Special Needs**

 **Individual and Young Persons Membership**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick the boxes that tell us about you:**

 Person with special needs or a learning difficulty

 A family member of somebody with special needs or a learning difficulty

□ A carer of someone with special needs or a learning difficulty

**Please indicate the member benefits that you would like to receive:**

* Copy of Kia Ora! bi-annual newsletter
* Reduced rates for social events, talks, fun initiatives and health workshops
* Access to fun activity days and events (Young Persons Membership only)
* Access to a network of health professional’s advice
* Eligibility to apply for funding and scholarships
* Copy of annual report
* Ability to vote at Kia Ora’s AGM (over 18’s only)
* Inclusion in disability research projects
* Certificate of Membership

**Annual Membership Fee**

I enclose a cheque for:

 **□ Individual Membership** £25 **□ Young Persons’ Individual Membership** £15

**Made payable to Kia Ora! Healthy living for people with special needs**

**and post to:-**

Memberships

Kia Ora! Healthy Living for People with Special Needs

83 Woodford Road

South Woodford

London E18 2EA

***Increase the amount Kia Ora! receives at no extra cost to you by also sending in a gift aid form.***