**Associate Membership Application Form**

**Personal Information:**

First Name Last Name

Full Address

Postal Address (if different)

Phone numbers

Email

Business Name (if applicable)

**Other Information:**

What is your interest in joining ELDAA?

Are you training to be an End of Life Doula, if so with which organization, and when do you complete the course?

Would you like to be listed on our Associate Members page? Y/N

If so, please advise details of name, business name, and your location for publication on the site:

Please deposit membership payment to our bank details as follows:

$50 (1July – 30 June), or $25 (1 Jan – 30 June).

End of Life Doula Alliance Aotearoa, Inc.,

Kiwibank A/C No: 38 9025 0892675 00

Would you like a receipt for payment? Y/N

Signed:

Date:

**Please submit your application to** [treasurer@eldaa.org.nz](mailto:treasurer@eldaa.org.nz)

*Thank you for applying for Associate Membership of ELDAA. We will process your application and get back to you as soon as possible.*