



# End-of-Life Choice

Voluntary Euthanasia Society of New Zealand, Inc  
www.ves.org.nz [office@ves.org.nz](mailto:office@ves.org.nz) 09 215 4946

**This approved form is the only accepted method of applying for membership.**

**Please fill in both sides of this form.**

## Application to become a member of End-Of-Life Choice

The mission of End-Of-Life Choice is to support law change to allow adult residents of New Zealand, who have a terminal or irreversible condition that renders life unbearable to access medical assistance in achieving a peaceful death.

***I / we have read and agree to support the mission of End-Of-Life Choice and the Voluntary Euthanasia Society of New Zealand Inc. and wish to apply for membership. I / we declare that I am / we are over the age of 18.***

Signed: .....DATE: .....

Signed (if joint membership application) .....DATE.....

Name. Please **print** full name and title .....

.....

Occupation (if retired, please add previous occupation)

.....

Name. (if joint application) Please **print** full name and title

.....

Occupation (if retired, please add previous occupation)

.....

Address (**please print**)

.....

.....

..... Post code.....

Phone + area Code.....email address .....

Please help us with our information about membership by indicating your age group.

Year of Birth: \_\_\_\_\_

Are you willing to receive the VESNZ Newsletter by email? **YES / NO**

Would you be prepared to be contacted by members of the Society for notification of meetings / events etc? **YES / NO**

It would also assist us if you would state how you first became aware of the society and decided to join.      Friend,      Listener advert,      Other Web site,  
   Newspaper,      Other media outlet,

**Subscription Categories:**

- **Single**      **\$20**
- **Couple (same address)**      **\$35**
- **Life Subscription,**      **\$200**
- **Couple Life Subscription**      **\$350**

**Mail Option:** Post this form with the appropriate cheque to:

**EOLC  
PO Box 48 241  
Silverstream  
Upper Hutt 5142**

If a **CHEQUE** is being **ENCLOSED**, please make payable to the **Voluntary Euthanasia Society of NZ Inc.**

**Automatic bank transfer:**

You may also pay your membership subscription fee through an automatic bank transfer.

If that is your choice, please transfer funds to this **Kiwi Bank** account.

**Account Number: 38-9006-0226036-02**

**Account Name: Voluntary Euthanasia Society.**

If you choose this payment option, you must **include your full name** in the transfer in order for us to credit your membership.

Subscription(s) \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

You could scan and email this document to us:

Email address: [Office@ves.org.nz](mailto:Office@ves.org.nz)

*Thank you for your support, and welcome to End-Of-Life Choice and the Voluntary Euthanasia Society of NZ, Inc!*