

Kawakawa Bay - Orere Health Clinic Inc.

Subscription Form

Family \$50 pa

Single \$25 pa

Family Name

Christian Name(s)

Address

Postal Address (If different)

Phone Number(s)

Email

Bank Account: 11-5373-0401491-11

Put **Family Name** in Reference, and **Subs** in Code

Clinic Phone 09 2922812