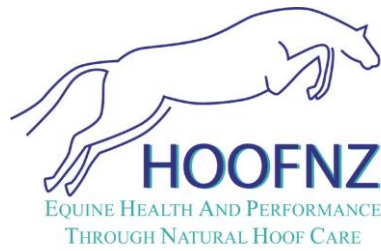


Hoofcare Organisation Of New Zealand



www.hoofnz.org.nz

Membership Renewal Form

Name.....

Please fill out any changed details

Company.....

Postal address.....

.....Postcode.....

Phone Mobile.....

Email.....

Signature

Date

Please enclose your cheque for \$30 incl gst, made payable to HOOFNZ and post to:

Kathleen Young, Administrator

HOOFNZ

P.O. Box 69

Opotiki 3162