



COMMITTEE MEMBER APPLICATION FORM

Thank you for offering to be a member of your Regional Committee/Panel. Your dedication and commitment to supporting caregivers in your region truly makes a difference.

Name:	
Address:	
Email:	
Phone Number:	
Cellphone:	

Please tell us a bit about yourself:

Do you have access to a computer and have the ability to download and use skype or similar?

I confirm that the information contained in this application is correct.

Signed

Date

Once you have completed this form, please return to Caring Families Aotearoa national office at jenr@caringfamilies.org.nz or PO Box 30188, Lower Hutt, 5010.