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| Phone: 021 088 68351Email: info@lymphoedema.org.nzWeb: [www.lymphoedema.org.nz](http://www.lymphoedema.org.nz) |  |

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| **Subscription to Lymphoedema Support Network** **1 April 2020 – 31 March 2021** |
| Subscription Fee: | $15.00 |
| Donation: |  |
| Amount Enclosed: |   $ . |
| **Please make payments by cheque to ‘Lymphoedema Support Network’ *or* online banking payment is available: ASB 12-3061-0390536-00.** **Please use your name in reference & email the form or phone us.** |
|  | Please complete and return |
|  | Payment made electronically? Yes / No (Please circle) |
| **Personal Details:**  |
| First Name |  |
| Last Name |  |
| Type of lymphoedema  | Eg arm, leg, primary |
| Phone |  |  |  |
| Email  |  |
| Address  |  |
| Email this form to us info@lymphoedema.org.nz or phone us on 021 088 68351 |
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