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| |  |  | | --- | --- | | Phone: 021 088 68351  Email: [info@lymphoedema.org.nz](mailto:info@lymphoedema.org.nz)  Web: [www.lymphoedema.org.nz](http://www.lymphoedema.org.nz) |  |  |  |  |  |  | | --- | --- | --- | --- | | **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](mailto:info@lymphoedema.org.nz) or phone us on 021 088 68351 | | | | |  |  | | | |